



Use this form for interim or mid-point review, probationary employee, or special situations

| EMPLOYEE INFORMATION | | |
|-------------------------|---|---|
| Employee Name: | Social Security Number: (last 4 digits – to be completed by the employee) | |
| Position Title: | Supervisor's Name and Title: | |
| Department: | | |
| Agency: | | |
| Division (and Section): | | |
| Rating Period: to | Type of Rating <input type="checkbox"/> Interim <input type="checkbox"/> Probationary <input type="checkbox"/> Special | Time in Present Position (in months) |

PROGRESS EVALUATION (Clearly mark the area which most adequately describes the level of work performance achieved to this time): Below is an assessment of your progress and degree of achievement toward meeting the established performance expectations that are state in your Employee Performance Appraisal Form. These expectations were discussed with you at the beginning of this rating period.

| | |
|---|--|
| <input type="checkbox"/> GOOD; MEETS EXPECTATIONS | Performance results show consistent achievement toward meeting the established performance expectations. |
| <input type="checkbox"/> FAIR, BUT NEEDS IMPROVEMENT | Performance results show inconsistent achievement of job and position objectives; performance improvement needed. |
| <input type="checkbox"/> DOES NOT MEET EXPECTATIONS | Performance results show deficiencies which seriously interfere with the attainment of job and performance expectations. |

PERFORMANCE DEVELOPMENT NEEDS: Describe specific areas that need improvement, keeping in mind established performance expectations, critical success factors, and performance elements.

GENERAL COMMENTS:

ACKNOWLEDGEMENT:

| | | | |
|------------------------|------|----------------------|------|
| Supervisor's Signature | Date | Employee's Signature | Date |
|------------------------|------|----------------------|------|