

# STATE OF ARKANSAS PERFORMANCE EVALUATION PLAN RATING FORM

Agency/Institution	Arkansas Tech University	Date of Evaluation	
Employee's Name		Tech ID Number	
Position Title		Position Number	
Rater's Name		Tech ID Number	
Rating Period From		To	

<b>Performance Categories</b>	
<b>U-Unsatisfactory:</b>	an overall performance of duties that is unacceptable in quality, accuracy, and timeliness
<b>S-Satisfactory:</b>	an overall evaluation which demonstrates competency in the performance of the duties and responsibilities of the job
<b>AA-Above Average</b>	an overall evaluation which demonstrates performance of the duties and responsibilities of the job at a level which is above the satisfactory level of performance
<b>E-Exceeds Standards:</b>	an overall evaluation which demonstrates performance of the duties and responsibilities of the job at a level exceeding that of an above average evaluation

In the appropriate columns below, list Numbers, Duty Area, and Performance Categories from the succeeding pages (use separate sheet if necessary).		
#	DUTY AREA	PERFORMANCE CATEGORY
<b>OVERALL PERFORMANCE EVALUATION</b>		





**PERFORMANCE EVALUATION RATING FORM**

(Attach to Front Page as needed)

Employee's Name \_\_\_\_\_

Tech ID Number \_\_\_\_\_

Rating Period \_\_\_\_\_ to \_\_\_\_\_

Rater's Name \_\_\_\_\_

#	STANDARD STATEMENTS	Weight Value %	U 2	S 3	AA 4	E 5	Total % x Points = Total
1	STANDARD             RESULTS						
2	STANDARD             RESULTS						



**PERFORMANCE EVALUATION RATING FORM**

(Attach to Front Page as needed)

Employee's Name \_\_\_\_\_

Tech ID Number \_\_\_\_\_

Rating Period \_\_\_\_\_ to \_\_\_\_\_

Rater's Name \_\_\_\_\_

#	STANDARD STATEMENTS	Weight Value %	U 2	S 3	AA 4	E 5	Total % x Points =Total
5	<b>STANDARD</b>          <b>RESULTS</b>						
6	<b>STANDARD</b>          <b>RESULTS</b>						



**PERFORMANCE EVALUATION RATING FORM**

Employee's Name \_\_\_\_\_ ID Number \_\_\_\_\_

**This section is to be completed when Standards are established at beginning of the rating period.**

These standards were established in consultation with the employee named above.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed these standards and understand my performance will be measured against them.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed these standards and agree that they are appropriate for the position.

Reviewing Official \_\_\_\_\_ Date \_\_\_\_\_

**This section is to be completed at conclusion of the rating period.**

My supervisor and I have reviewed my performance evaluation. My comments on the evaluation are as follows:  
(Additional pages may be attached if necessary.)

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

(NOTE: Signature does not necessarily mean agreement)

My employee and I have reviewed the employee's evaluation and all attachments.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed the employee's performance evaluation and all attachments.

Reviewing Official \_\_\_\_\_ Date \_\_\_\_\_