



Office of Personnel Management

Executive/Director/Deputy Director Performance Evaluation Form

PART I – RATED EMPLOYEE IDENTIFICATION

Name of Employee (Last, First, MI)	Personnel Number	Agency Number
Position Title	Class Code	Position Number

PART II – RATER EMPLOYEE IDENTIFICATION

Name of Rater (Last, First, MI)	Phone Number	Position Title
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PART III – CORE PERFORMANCE EXPECTATIONS

1. JOB KNOWLEDGE:

Thoroughly understands Governor's/Director's goals and objectives for agency, communicates overall objectives effectively to subordinate management, and ensures program/project completeness and integrity.

Comments

Performance Rating:  Exceeds Standards  Above Average  Satisfactory  Unsatisfactory

2. ACCOUNTABILITY:

Takes ultimate responsibility for developing, administering, and maintaining agency programs, policies and procedures. Develops and uses agency resources appropriately to effectively serve the citizens of the State of Arkansas.

Comments

Performance Rating:  Exceeds Standards  Above Average  Satisfactory  Unsatisfactory

3. LEADERSHIP:

Effectively manages and maximizes talents of subordinate staff by ensuring adequate training and encouraging trust and cooperation within the work environment. Develops and maintains professional working relationships with legislative and executive personnel.

Comments

Performance Rating:  Exceeds Standards  Above Average  Satisfactory  Unsatisfactory

4. DECISION-MAKING SKILLS:

Identifies and understands broad issues, problems, and opportunities, compares information from different sources to draw conclusions, and determines appropriate course of action.

Comments

Performance Rating:  Exceeds Standards  Above Average  Satisfactory  Unsatisfactory

5. CODE OF CONDUCT:

Demonstrates honesty, respect for others, and trustworthiness, and adheres to confidentiality policies.

Comments

Performance Rating:  Exceeds Standards  Above Average  Satisfactory  Unsatisfactory

**PART IV – OVERALL RATING**

**Overall Rating:**

It is understood that an Unsatisfactory in any of the above fields precludes awarding an Exceeds Standard or Above Average rating during the rating period. The overall rating received is determined at the discretion of the rater.

**Exceeds Standards**       **Above Average**       **Satisfactory**       **Unsatisfactory**

Rating Period Beginning Date

Rating Period Ending Date

By signing below, the employee concurs that the performance evaluation has been conducted. The employee's signature does not indicate that he or she agrees with the evaluation. Comments concerning performance may be submitted on a separate sheet.

Employee's Signature

Date

Rater's Signature

Date