

# State of Maryland Performance Evaluation For Non-Supervisory Employees

This evaluation is intended to facilitate communication between supervisors and employees regarding expectations of job performance and to provide a mechanism for the evaluation of actual performance.

<b>Employee Name:</b> _____	<b>Beginning Date:</b> _____
<b>Supervisor's Name:</b> _____	<b>Fiscal Year:</b> _____
<b>Employee Status:</b> _____ <b>Special Appointment</b>	_____ <b>Management Service</b>
_____ <b>Executive Service</b>	_____ <b>Political Special Appointment</b>

Does the employee's Position Description (PD) accurately reflect the current, and anticipated, duties and responsibilities for the upcoming review period? (If no, modify the PD as required before beginning the review period.)

☐ Yes ☐ No - Date Modified: \_\_\_\_\_

## Ratings:

- 3 = Outstanding:** Exceptional performance. Achievements are clearly superior to the level of performance required for the job.
- 2 = Satisfactory:** Met the required and expected results for the job. Good performance which is expected of a fully experienced or competent employee.
- 1 = Unsatisfactory:** Performance is unacceptable and shows no significant progress or improvement. Improvement is critical.

Performance of Job Duties (Position-Specific Performance Standards are taken from Part IV of the Position Description (MS-22))	Mid Cycle Rating	End Cycle Rating
Overall Work Quality		

If rated on Overall Work Quality, show individual Performance Standards below but do not rate them. See PEP Guidelines.

1			
2			
3			
4			
5			
6			
7			

Number of Position-Specific Performance Elements Rated:

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Behavioral Elements		Mid Cycle Rating	End Cycle Rating
<b>Work Ethic</b>			
1	Maintains good attendance. (The use of FMLA-qualifying leave should not be considered.)		
2	Follows call-in/leave policies.		
3	Reports to work area on time and does not leave until designated time.		
<b>Team-Work</b>			
4	Works cooperatively with others to implement the Department's goals.		
<b>Communication</b>			
5	Speaks effectively.		
6	Writes effectively (clear, organized, appropriate grammar, punctuation).		
7	Interacts positively with co-workers.		
<b>Customer Service</b>			
8	Strives to meet customer requirements.		
9	Is courteous to customers and co-workers.		
10	Provides timely, accurate and appropriate information to internal and external customers.		
11	Presents a professional image to customers in attire and maintenance of workspace.		
12	Keeps commitments and follows through on customer requests.		
<b>Initiatives</b>			
13	Solves problems without being asked.		
14	Works to continuously improve processes.		
15	Engages in opportunities for self-improvement.		
<b>Work Performance</b>			
16	Appropriately prioritizes work.		
17	Completes assignments accurately and on time.		
18	Maintains confidentiality.		
19	Exercises appropriate judgment.		
20	Follows directions.		

**Number of Behavioral Elements Rated:**

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**Total Number of Elements Rated:**

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Mid Cycle Rating:		
Outstanding	Satisfactory	Unsatisfactory
3.00 - 2.75	2.74 - 1.75	1.74 - 1.00

**Tasks to be Achieved Before the End of Cycle Rating (if no specific Tasks, state "None"):**

**Training Recommendations:**

**Supervisor's Comments:**

**Employee's Comments:**

I understand that this is a: \_\_\_\_Special Appointment; \_\_\_\_Management Service; \_\_\_\_Executive Service; \_\_\_\_Political Special Appointment position in which I serve at the pleasure of the appointing authority.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No personnel action shall be taken or refused as a reprisal against an employee who refuses to sign this evaluation. The supervisor shall note the refusal on the employee's signature line.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature I attest that I understand and adhere to the Governor's Code of Fair Employment Practices, 01.01.2007.16.

Division Manager: \_\_\_\_\_ Date: \_\_\_\_\_

End Cycle Rating:		
Outstanding	Satisfactory	Unsatisfactory
3.00 - 2.75	2.74 - 1.75	1.74 - 1.00

**Tasks to be Achieved Before the End of Cycle Rating (if no specific Tasks, state "None"):**

**Training Recommendations:**

**Supervisor's Comments:**

**Employee's Comments:**

I understand that this is a: \_\_\_\_Special Appointment; \_\_\_\_Management Service; \_\_\_\_Executive Service; \_\_\_\_Political Special Appointment position in which I serve at the pleasure of the appointing authority.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 No personnel action shall be taken or refused as a reprisal against an employee who refuses to sign this evaluation. The supervisor shall note the refusal on the employee's signature line.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 By my signature I attest that I understand and adhere to the Governor's Code of Fair Employment Practices, 01.01.2007.16.

Appointing Authority: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Revised 11/1/24)