



Use this form for initial planning sessions, coaching, or when responsibilities, standards, or expectations must change.

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:	Type of Rating	Time in Present Position (in months)
to	<input type="checkbox"/> Initial <input type="checkbox"/> Coaching <input type="checkbox"/> Special	

RESPONSIBILITIES: Essential duties and responsibilities as identified in the functional job description.

PERFORMANCE STANDARDS and EXPECTATIONS: Objectives to be accomplished during this rating period.

ACKNOWLEDGEMENT: A discussion of duties, responsibilities, performance standards, and expectations for the current period took place on the date below. We acknowledge our understanding of these items and how they will be used to measure work-related performance during this period.			
_____	_____	_____	_____
Supervisor's Signature	Date	Employee's Signature	Date