

## **PERFORMANCE APPRAISAL PROGRAM CAREER SERVICES**

The Performance Appraisal Program is a process by which supervisors and employees can come together to discuss goals, objectives, and expected performance throughout the year. This process allows the supervisor and employee to improve their communication and plan for higher levels of output from the unit. The actual performance evaluation is a logical extension of the process which allows the supervisor and employee to appraise and discuss the accomplishment of certain standards and goals.

For your information, below you will find a copy of the MDOT State Highway Administration's Performance Appraisal form (DTS-69) and for your information and review.

We recommend, that at three (3) months of employment, you reach out to your supervisor, and do a performance appraisal with him/her.



**TRANSPORTATION SERVICE  
EMPLOYEE PERFORMANCE APPRAISAL**

Year \_\_\_\_\_

Name: \_\_\_\_\_ EIN# \_\_\_\_\_

PIN #: \_\_\_\_\_ Classification: \_\_\_\_\_

Division/Unit: \_\_\_\_\_ R.C.#: \_\_\_\_\_

Administration: \_\_\_\_\_ Occupational Group: \_\_\_\_\_

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**INSTRUCTIONS**

1. Review the top portion of the form to ensure the information is accurate and complete.
2. Read the Supervisor's Booklet carefully.
3. Complete the Criteria Assessment Sheets prior to completing the Appraisal Form - Summary Sheet. Use the section of the Supervisor's Booklet that corresponds to the employee's occupational group. Select the standard that best describes the employee's performance.
4. Transfer the overall ratings to the Appraisal Form - Summary Sheet.
  - On the row for each factor, circle the number in the box directly below the standard that corresponds to the overall rating received for that factor on the Criteria Assessment Sheet.
  - Write that number in the Point Value column. Add the column and write in the total.
5. Calculate the Overall Rating.
  - For non-Leadership employees: add total A and total B.
  - For Leadership employees: add Total A plus Total B and C.
  - Circle the appropriate rating scale in the box that corresponds to the Overall Rating.
6. Indicate the appropriate salary step action.
7. Complete the Development Plan. If applicable, complete the Improvement Plan.
8. Fill in the Most Recent Overall Annual Ratings section.
9. Obtain employee and supervisory signatures. Forward to the Human Resources Office.

**EMPLOYEE'S GOALS AND OBJECTIVES FOR RATING PERIOD (Optional)**

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Year: \_\_\_\_\_

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

## SUMMARY

RATING FACTORS	Far Exceeds Standards	Exceeds Standards	Meets Standards	Below Standards	Far Below Standards	Point Value
<b>GENERAL FACTORS</b>						
Dependability	5	4	3	2	1	
Initiative	5	4	3	2	1	
Interpersonal Relationships	5	4	3	2	1	
Work Habits	5	4	3	2	1	
					Total A =	
<b>JOB SPECIFIC FACTORS</b>						
Job Knowledge	5	4	3	2	1	
Job Quality	5	4	3	2	1	
Job Quantity	5	4	3	2	1	
					Total B =	
<b>LEADERSHIP FACTORS</b>						
Check if Not Applicable _____						
Supervision/Team Leadership	5	4	3	2	1	
OR			OR			
Management/Program Leadership	5	4	3	2	1	
					Total C=	

OVERALL RATING	Far Exceeds Standards	Exceeds Standards	Meets Standards	Below Standards	Far Below Standards
<b>NON-LEADERSHIP</b> Total A _____ + Total B _____ = _____	35 - 33	32 - 26	25 - 19	18 - 12	11 - 7
<b>LEADERSHIP</b> Total A _____ + Total B _____ + "C" _____ = _____	40 - 38	37 - 30	29 - 22	21 - 15	14 - 8

NEXT SALARY STEP: \_\_\_\_\_ Grant \_\_\_\_\_ Do Not Grant \_\_\_\_\_ Not Applicable

Year: \_\_\_\_\_

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

**DEVELOPMENT PLAN:**

Please describe the employee’s Development Plan below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPROVEMENT PLAN:**

An Improvement Plan must be completed for overall *Below Standards* and overall *Far Below Standards* ratings. Please describe below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MOST RECENT OVERALL ANNUAL RATINGS**

2021 \_\_\_\_\_

2020 \_\_\_\_\_

2019 \_\_\_\_\_

**BASED UPON THE INITIAL ANNUAL EVALUATION WHERE THE EMPLOYEE IS RATED EITHER OVERALL BELOW STANDARDS OR OVERALL FAR BELOW STANDARDS, THE APPOINTING AUTHORITY SHALL DETERMINE IF A MORE FREQUENT INTERIM EVALUATION IS NECESSARY. ANY EMPLOYEE WHOSE PERFORMANCE DOES NOT MEET STANDARDS, AS DEFINED BELOW, WILL BE SUBJECT TO CHARGES FOR TERMINATION:**

- two consecutive overall FAR BELOW STANDARDS evaluations; **OR**
- any combination of three consecutive overall FAR BELOW and/or BELOW STANDARDS evaluations.

Year: \_\_\_\_\_

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

**SIGNATURE OF RATER(S)**

**I have reviewed and discussed this rating with the employee.**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF EMPLOYEE**

**My signature acknowledges that I have reviewed the contents of the appraisal and does not imply agreement or disagreement.**

\_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE COMMENTS (Optional):**

(Use additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF RATER'S SUPERVISOR**

\_\_\_\_\_ Date: \_\_\_\_\_

**RECEIVED BY HUMAN RESOURCES OFFICE**

\_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:**

(Use additional pages if necessary)

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\_\_\_\_\_  
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