STATE OF ARKANSAS PERFORMANCE EVALUATION PLAN RATING FORM

Agen	cy/Institution	Arkansas Tech University Date of Evaluation				
Empl	oyee's Name		Tech ID Number			
Positi	on Title		Position Number			
Rater	's Name		Took ID Niveshor			
Ratin	g Period From					
	41 - 6 4	Performance	_			
	satisfactory:	·	es that is unacceptable in quality, acc	•		
S-Sa	tisfactory:	an overall evaluation which de and responsibilities of the job	monstrates competency in the perfor	mance of the duties		
AA-A	Above Average		monstrates performance of the dutie			
E-Ex	ceeds Standards:		monstrates performance of the dutie that of an above average evaluation	s and responsibilities		
	e appropriate colum		rea, and Performance Categories	rom the succeeding		
#	(1111)	DUTY AREA		PERFORMANCE CATEGORY		

Employee's Name Rating Period to		Tech ID Number Rater's Name				
#	TASKS ASSIGNED	DUTY AREA	PERFORMANCE INDICATOR			

mployee's Name		Tech ID Number			
ating Period	to	Rater's Name			
#	TASKS ASSIGNED	DUTY AREA	PERFORMANCE INDICATOR		

Employee's Name		Tech ID Number	
Rating Period	to	Rater's Name	

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

Employee's Name		Tech ID Number	
Rating Period	to	Rater's Name	

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

Employee's Name		Tech ID Number	
Rating Period	to	Rater's Name	

#	STANDARD STATEMENTS	Weight Value %	U	S	AA	E	Total
		76	2	3	4	5	Points =Total
5	STANDARD						
	RESULTS						
6	STANDARD						

Employee's Name		Tech ID Number	
Rating Period	to	Rater's Name	

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

Unsatisfactory = 2.00-2.66	Satisfactory = 2.67-3.66	Above Average = 3.67-4.33	Exceeds Standards = 4.34-5.00
TOTAL PERFORMANCE	CATEGORY =		

Employee's Name II	D 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 a	
Reviewing Official	Date