

**HILLSBOROUGH COUNTY CIVIL SERVICE BOARD
CLASSIFIED SERVICE PERFORMANCE REPORT (Page 1)**

INSTRUCTIONS: Complete this Report using a computer, a typewriter, or by printing in BLACK ink (it is essential that you print clearly). Instructions for completing this Report can be found in the most recent edition of the Hillsborough County Civil Service Board Rater Handbook.

EMPLOYEE INFORMATION

Name: _____		
(Last)	(First)	(Middle)
Employee Number: _____	Review Period: _____	to _____
	(From)	(Perf Review Date)
Job Class Title & Job Class Code: _____		
Department Name: _____		

RATER INFORMATION

Name: _____			Employee No: _____
(Last)	(First)	(MI)	
Months During Review Period Employee Reported Directly to Rater: _____			

PROCESSING INFORMATION

Purpose:	<input type="checkbox"/> 12 Month Rating	<input type="checkbox"/> 6 Month Rating	<input type="checkbox"/> Other: _____
Outcome:	<input type="checkbox"/> Initial Probation Completed (Not Eligible For Pay Increase)	<input type="checkbox"/> Pay Increase of _____%	
	<input type="checkbox"/> Conditional Probation Completed (Eligible For Pay Increase)	<input type="checkbox"/> Increase Denied	
	<input type="checkbox"/> Probation Extended _____ Months	<input type="checkbox"/> Enroll in PIP	

OVERALL PERFORMANCE RATING

Assign an overall performance rating based upon a careful review of performance throughout the current performance Review Period using the rating scales below:	
<input type="checkbox"/>	Outstanding Exemplary benchmark performer; Outstanding in all or almost all dimensions.
<input type="checkbox"/>	Exceptional Performance consistently exceeds the minimum requirements of the position.
<input type="checkbox"/>	Successful Consistently proficient in meeting the minimum requirements of the position.
<input type="checkbox"/>	Marginal Sometimes falls below the requirements of the position; Marginal in one or more dimensions.
<input type="checkbox"/>	Unsatisfactory Performance is consistently below minimum requirements of the position.

CERTIFICATION OF DISCUSSION HELD AT BEGINNING OF REVIEW PERIOD

Certification by Rater: I hereby certify that I met with this employee today and discussed my expectations of his/her job performance for the coming Review Period.	
Signature of Rater: _____	Date: _____
Certification by Employee: I hereby certify that I met with my Rater today, discussed my expected job performance, and now have an understanding of my rater's expectations of me in the coming Review Period. I received a copy of this form. My signature does not indicate agreement with my rater's expectations, only that I understand what they are.	
Signature of Employee: _____	Date: _____

Hillsborough County Civil Service Board Classified Service Performance Report

EMPLOYEE NAME: _____

STANDARD DIMENSIONS: MID-TERM COMMENTS (OPTIONAL)

	I	II
Attendance		
Customer Service		
Interpersonal Relations		
Job Knowledge		
Rule Conformance		
Team Work		

CUSTOM DIMENSIONS: MID-TERM COMMENTS (OPTIONAL)

Certification by Rater: I hereby certify that I met with this employee today, discussed his/her job performance since the beginning of the Review Period and what he/she should do throughout the remainder of the Review Period.

Signature of Rater: _____ Date: _____

Certification by Employee: I hereby certify that I met with my Rater today, discussed my job performance since the beginning of the Review Period and what I can do to perform well throughout the remainder of the Review Period. I received a copy of this form. My signature does not indicate agreement with the feedback provided by my Rater, only that we met and discussed my past and future job performance.

Signature of Employee: _____ Date: _____

EMPLOYEE NAME: _____

DIMENSION PRIORITY RATING SCALE

I	A = High Priority
	B = Medium Priority
	C = Low Priority

JOB PERFORMANCE RATING SCALE

II	O = Outstanding M = Marginal
	E = Exceptional U = Unsatisfactory
	S = Successful

STANDARD DIMENSIONS: END-OF-TERM COMMENTS (MANDATORY)

	I	II
Attendance		
Customer Service		
Interpersonal Relations		
Job Knowledge		
Rule Conformance		
Team Work		

CUSTOM DIMENSIONS: END-OF-TERM COMMENTS (MANDATORY)

Certification by Rater: I hereby certify that the above comments and ratings constitute my best judgement of the job performance of this employee and are based on personal knowledge of his/her work during the most recent Review Period.

Signature of Rater: _____ Date: _____

EMPLOYEE NAME: _____

REVIEWER COMMENTS

Comments:

I hereby certify that I have carefully reviewed this report and discussed any inconsistencies/errors noted with the Rater.

Signature of Reviewer: _____

Date: _____

AGENCY HEAD (OR DELEGATE) COMMENTS

Comments:

I hereby certify that I have reviewed this report. I authorize the pay increase percentage indicated on the front of this report.

Signature of Agency Head (or delegate): _____ Date: _____

Printed Name of Agency Head (or delegate): _____ Date: _____

EMPLOYEE COMMENTS

Comments:

I hereby certify that I have received a copy of this performance report and that it has been discussed with me. My signature does not indicate agreement or disagreement with this report.

Signature of Employee: _____

Date: _____