

HILLSBOROUGH COUNTY CIVIL SERVICE BOARD  
PERFORMANCE MANAGEMENT PROCESS

**RATING RESPONSE FORM**

Employee Name/Job Title: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Rater's Name/Job Title: \_\_\_\_\_

Department Name: \_\_\_\_\_

Rating Period: \_\_\_\_\_ - \_\_\_\_\_  
(FROM) (THROUGH)

**DIRECTIONS:** It is **mandatory** that each employee complete this form at the end of each Performance Review Period. When complete, this form should be returned to the Rater, attached to the Performance Report and reviewed, along with the Report, by the Reviewer and Agency Head (or delegate).

If you **DO NOT** have comments concerning the Performance Report, simply check the box below and sign and date the form at the bottom to indicate that you were afforded the opportunity to provide written comments.

I have no written comments to make at this time (sign below).

If you **DO** have comments, check the box below, write your comments in the spaces provided below and sign and date the form.

My comments are written below.

1. What comments do you have concerning your Performance Report?

2. Explain any agreements or disagreements you have with your job performance ratings (give examples of **specific** job performance):

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