

State of West Virginia
EMPLOYEE PERFORMANCE APPRAISAL
 (For interim or mid-point review, probationary employee, or special situations)

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|--|--|------------------------------------|--------------------|--------------------------|--------------------------|
| Employee's Name (Last, First, Middle): | | Social Security Number: | | | |
| Position Title: | | Time in Present Position (months): | | | |
| Department: | | Type of Rating (Mark X below.) | | | |
| Division: | | | | Interim | Probationary |
| Section: | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Rating Period | | Supervisor's Name | Supervisor's Title | | |

Below is an assessment of your progress and degree of achievement toward meeting the established performance expectations that are stated in your Employee Performance Appraisal Form. These expectations were discussed with you at the beginning of this rating period.

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| A. Progress Evaluation: Check the box which most accurately describes the level of work performance achieved to this time. | | |
| <input type="checkbox"/> | Good; Meets Expectations | Performance results show consistent achievement toward meeting established performance expectations. |
| <input type="checkbox"/> | Fair, But Needs Improvement | Performance results show inconsistent achievement of job and position objectives; performance improvement needed. |
| <input type="checkbox"/> | Does Not Meet Expectations | Performance results show deficiencies which seriously interfere with the attainment of job and performance expectations. |

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| B. Performance Development Needs: Describe specific areas that need improvement, keeping in mind established performance expectations, critical success factors, and performance elements. |
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| C. General Comments |
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| Supervisor's Signature | Date | Employee's Signature | Date |
|------------------------|------|----------------------|------|