Performance Evaluation and Review of Knowledge Transfer Plan for TERI Employee

This form is used to provide performance feedback to non-covered TERI employees and to document the knowledge transfer process for the employee. This form should be completed for employees who entered the TERI program after June 6, 2005. The TERI Knowledge Transfer Plan will take the place of the EPMS process for this category of employee.

Name: __________________________ Classification: ____________________
Office/Division: ____________________ TERI Date: ____________________
Knowledge Transfer Review From: ______________     To: ________________
    (TERI date, or TERI anniversary date) 
    (one year increments)

PERFORMANCE FEEDBACK SECTION
Please check the appropriate evaluation option. If option 3 is selected, please contact your manager and Board Human Resources regarding the employee’s continued employment.

1. _____ This certifies that the performance of this employee is outstanding.
2. _____ This certifies that the performance of this employee is acceptable.
3. _____ This certifies that the performance of this employee needs improvement. (See note above)

PROGRESS TOWARDS KNOWLEDGE TRANSFER PLAN

1. _____ Employee is making positive progress towards knowledge transfer.
2. _____ Employee should exert more effort in knowledge transfer.
3. _____ Employee is deficient in knowledge transfer and greater emphasis is needed.

PLANNING DOCUMENT COMPLETED

Employee Signature: ____________________________ Date: ____________

Supervisor’s Signature: __________________________ Date: ____________
KNOWLEDGE TRANSFER SECTION

This section is designed to assist in successful implementation of knowledge transfer. Please refer to Knowledge Transfer process located on the Board’s Intranet at www.state.sc.us/dio/KnowledgeTransfer.htm. This section should be completed based on the employee’s tenure in the TERI program.

List the Knowledge Transfer Activities and the Expected Results:

1. Activity:
   Expected Results:

2. Activity:
   Expected Results:

3. Activity:
   Expected Results:

4. Activity:
   Expected Results:

5. Activity:
   Expected Results:

Supervisor’s Signature _____________________________ Date: _____
Manager’s Signature _______________________________ Date: _____
Office/Division Director _____________________________ Date: _____