For the period from November 1st to January 31st under the Universal Review Date Program ONLY.

(Upon completion, please forward this form to Office of Administrative Services – Human Resources)

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: | | |  | | | | | | | | | | | |  | Personnel Number: |  |
| Position Classification: | | | | |  | |  | Supervisor Name: | | | |  | | | | | |
| Department: |  | | | | | | | |  | Division: | | | |  | | | |
| Review Period | | | | From: | |  | | |  | | To: | |  | | | | |
| \* PLEASE CHECK THE APPROPRIATE EVALUATION OPTION. IF OPTION 2 BELOW IS SELECTED, COMPLETE THE EPMS WEIGHTED SYSTEM CALCULATION FORM AND ATTACH IT TO THIS DOCUMENT. | | | | | | | | | | | | | | | | | |
|  | | This certifies that the job functions, objectives and performance characteristics from the most recent performance appraisal review are rated the same for the short-year review period shown above. | | | | | | | | | | | | | | | |
|  | | This certifies that the job functions, objectives and performance characteristics from the most recent performance appraisal/review are rated the same for the short-year review period show above with the exception of the following changes: | | | | | | | | | | | | | | | |
| Job Function (Including Success Criteria): | | | | | | | | | | | | | | | | | Performance Level |
|  | | | | | | | | | | | | | | | | |  |
| Objective (Including Success Criteria): | | | | | | | | | | | | | | | | | Performance Level |
|  | | | | | | | | | | | | | | | | |  |
| Performance Criteria: | | | | | | | | | | | | | | | | | Performance Level |
|  | | | | | | | | | | | | | | | | |  |
| **SUMMARY AND OPPORTUNITIES FOR GROWTH** | | | | | | | | | | | | | | | | | |
| (If more space is needed, please attach a separate sheet.) | | | | | | | | | | | | | | | | | |

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|  |  |  |  |  |
| Supervisor Signature | Date |  | Reviewer Signature | Date |
|  |  |  |  |  |
| Employee Signature | Date |  |  |  |
|  |  |  |  |  |

(My signature indicates that I was given the opportunity to discuss the official performance with my supervisor, not that I necessarily agree.)