

Agency Use Only

Central Records Use Only

STATE OF NEVADA EMPLOYEE REPORT ON PERFORMANCE – Non Fillable

Employee Last Name: First Name: M.I.
Class Title: Employee ID #:
Dept/Div/Section: Date Evaluation Due:
Agency # (3 digits): Home Org # (4 digits): Position Control #: Date Next Evaluation Due:
Check one: Probationary/Trial Period (indicate month) Permanent Other

D QUALITY OF WORK: Consider the extent to which completed work is accurate, neat, well-organized, thorough, and effective.
S
E
D
S
E

D TAKING ACTION INDEPENDENTLY: Consider the extent to which the employee shows initiative in making work improvements,
S identifying and correcting errors, initiating work activities, etc.
E

D MEETING WORK COMMITMENTS: Consider the extent to which the employee completes work assignments, meets deadlines,
S follows established policies and procedures, reliability, etc.
E

D ANALYZING SITUATIONS AND MATERIALS: Consider the extent to which the employee applies consistently good judgment in
S analyzing work situations and materials, and in drawing sound conclusions.
E

D SUPERVISING THE WORK OF OTHER PERSONS (if supervising the work of other persons is
S
E

Goals and Objectives:

Table with 3 columns: Report Rating, Points, Rating Scale.
Report Rating: D Does Not Meet Standards*, S Meets Standards, E Exceeds Standards.
Points: 1 Point, 2 Points, 3 Points.
Rating Scale: D (1.00 to 1.50), S (1.51 to 2.50), E (2.51 to 3.00).

Overall Rating (check one): D* S E *A standard rating may affect adjustments in salary based on merit (NAC 284.194).

Rater's initials: _____

Rater's Title & Signature: Date:
Appointing Authority's Title & Signature: Date:
Agree with report Disagree with report (Attach any comments)

Employee Report on Performance – Page 2

Last Name:	First Name:	M.I.
Employee ID Number:		

Last Name:

First Name:

M.I.