



# Texas Military Department

## State Employee Performance Evaluation Form

**INSTRUCTIONS:** Attach updated/signed job description (if applicable) and submit completed form to State HR at [HR@military.texas.gov](mailto:HR@military.texas.gov).

### I. EMPLOYEE IDENTIFICATION DATA

EMPLOYEE LAST NAME, FIRST NAME, MI:	SECTION:	LOCATION:
EMPLOYEE CLASSIFICATION/WORKING TITLE:	SUPERVISOR/MANAGER: (If yes, complete section G)	Yes      No
REASON FOR EVALUATION: 6 month (New Employee)      Annual      Other	<u>DATES OF EVALUATION PERIOD</u>	
	FROM:	TO:

### II. PERFORMANCE RATING DEFINITIONS

<p><b>1</b> = Unsatisfactory*</p> <p><b>2</b> = Needs Improvement*</p> <p><b>3</b> = Meets Standards and Expectations</p> <p><b>4</b> = Exceeds Job Expectations*</p>	<p>Evaluate the employee on all Performance Elements below using these performance ratings.</p> <p style="text-align: center;"><b>*Ratings of 1, 2 or 4 require comments</b></p> <p style="text-align: center;">Complete section VI (Additional Comments)*if necessary.</p>
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### III. PERFORMANCE ELEMENTS

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<p><b><u>A. Job Knowledge/Quality of Work</u></b></p> <ol style="list-style-type: none"> <li>1. Demonstrates competency in required job skills and knowledge</li> <li>2. Exhibits ability to learn and apply new skills</li> <li>3. Keeps abreast of current policies, procedures and issues</li> <li>4. Has knowledge and skill necessary to perform assigned duties</li> <li>5. Produces an acceptable level of work with minimal errors</li> </ol> <p>Comments:</p>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<p><b><u>B. Communication &amp; Interpersonal Skills</u></b></p> <ol style="list-style-type: none"> <li>1. Communicates well and understands instructions</li> <li>2. Expresses ideas and thoughts in an appropriate manner</li> <li>3. Keeps others adequately informed</li> <li>4. Establishes and maintains effective relationships</li> <li>5. Works well under stressful situations</li> <li>6. Demonstrates good listening skills</li> </ol> <p>Comments:</p>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<p><b><u>C. Teamwork</u></b></p> <ol style="list-style-type: none"> <li>1. Balances team and individual responsibilities</li> <li>2. Gives suggestions and welcomes feedback</li> <li>3. Willing to consider the views of others</li> <li>4. Works effectively with others</li> <li>5. Supports agency mission &amp; vision</li> <li>6. Willing to accept additional work for the benefit of the team</li> </ol> <p>Comments:</p>

EMPLOYEE LAST NAME, FIRST NAME, MI:	SECTION:	LOCATION:
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**III. PERFORMANCE ELEMENTS (cont'd)**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<p><b><u>D. Dependability &amp; Work Habits</u></b></p> <ol style="list-style-type: none"> <li>1. Follows policies and procedures</li> <li>2. Completes tasks correctly and on time</li> <li>3. Accepts appropriate direction/supervision</li> <li>4. Takes responsibility for own actions</li> <li>5. Seeks additional responsibility</li> <li>6. Adheres to work schedules</li> <li>7. Adheres to dress code policy</li> <li>8. Anticipates problems and presents solutions</li> <li>9. Displays ethical behavior in the workplace</li> <li>10. Exhibits professional behavior in the work place</li> </ol> <p>Comments:</p>
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<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<p><b><u>E. Planning &amp; Organization</u></b></p> <ol style="list-style-type: none"> <li>1. Uses time and resources efficiently</li> <li>2. Prioritizes and plans work activities effectively</li> <li>3. Handles multiple tasks effectively</li> <li>4. Integrates changes smoothly</li> <li>5. Exhibits good judgment</li> </ol> <p>Comments:</p>
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<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<p><b><u>G. Supervisor Section (only complete if the employee is a supervisor/manager)</u></b></p> <ol style="list-style-type: none"> <li>1. Makes timely decisions; and supports and explains reasoning for decisions</li> <li>2. Works actively to resolve problems and is open to suggestions from staff</li> <li>3. Gives appropriate feedback</li> <li>4. Provides effective leadership</li> <li>5. Maintains an "open door policy" and is easily accessible by staff</li> <li>6. Ensures responsibilities are covered when absent</li> <li>7. Completes Employee Evaluations on time</li> <li>8. Completes required reports on time</li> <li>9. Manages budget prudently and effectively</li> <li>10. Exhibits sound and accurate judgment</li> </ol> <p>Number of employees supervised: _____</p> <p>Comments:</p>
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EMPLOYEE LAST NAME, FIRST NAME, MI:	SECTION:	LOCATION:
<b>IV. TRAINING &amp; DEVELOPMENT</b>		
Status of required license(s) and/or certification(s):	N/A	Current
		Expired
Comments:  Identify Training/Development Activities (accomplished during this evaluation period or planned for future):  Comments:		
<b>V. JOB DESCRIPTION (Check one)</b>		
The employee job description on file in State Human Resources is:  <input type="checkbox"/> Current  <input type="checkbox"/> Outdated and updated job description is submitted with this evaluation		

The Direct Supervisor will be the first individual to sign the Performance Evaluation. Once the direct supervisor signs, the Performance Evaluation will then be signed by the Manager/Director. The Employee will be the last person to review and sign the Performance Evaluation. After all signatures are complete, the Performance Evaluation will be forwarded to State Human Resources.

Direct Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager/  
Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Acknowledgement:

I have read and understand this performance review. I have had the opportunity to discuss this review with my supervisor and understand that I have three (3) work days after the last date below to submit any written comments that I wish to have included with this evaluation. My signature indicates only that I have read the review and that I have received a copy. My signature does not necessarily indicate that I agree with its contents.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Any unsatisfactory rating** requires an immediate written corrective action plan with goals and a 90 or 180-day special review period. Termination of employment may occur if performance does not reach a proficient level within the special review period. *This is not a guarantee of continued employment for 90 or 180 days.*

EMPLOYEE LAST NAME, FIRST NAME, MI:	SECTION:	LOCATION:
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**VI. Additional Comments (if necessary)**

Comments: