

**State of Ohio
Performance Review System
Exempt Manager/Supervisor;
Professional/Para-Professional**

			NAME	EMPLOYEE ID
			JOB CODE TITLE	REVIEW PERIOD
AGENCY	DIVISION	SECTION	POSITION NUMBER	REVIEW DEADLINE

REVIEW TYPE:

<p>Purpose Performance Review is utilized by each state agency to:</p> <ul style="list-style-type: none"> • Work toward attainment of agency mission, goals and objectives • Inform the employees of strengths, weaknesses and progress • Improve performance and productivity • Strengthen work relationships and improve communication • Develop employee skills • Recognize accomplishments and good work • Determine exemplary performance • Determine merit step advancement • Document employee performance 	<p>RATING LEVEL DEFINITIONS</p> <p>Above Target: Employees are those quality contributors who make a significant difference to the organization by achieving challenging objectives. Their overall performance regularly exceeds performance standards. Others recognize them as being critical to the team's success.</p> <p>On Target: Employees contribute to the organization and meet all performance standards. They are recognized as being essential to their job function. They are valued team members and individual contributors.</p> <p>Below Target: Employees are not satisfactorily contributing to the organization because they have not consistently met the performance standards required for their job function. They should be provided with a structured performance improvement plan.</p>
---	--

Timelines

Performance of probationary employees will be reviewed twice. The first performance evaluation must be completed within thirty days of the conclusion of the first half of the probationary period. The second evaluation must be completed within thirty days of completion of the probationary period, unless the employee is given a probationary removal or reduction, in which case the final evaluation will be made at the time of removal or reduction. The final probationary evaluation must state whether the employee is to be retained or reduced. Thereafter, reviews must be conducted annually and must be completed and signed by all parties by the review deadline. The evaluation date for employees paid directly by warrant of the auditor of state shall be sixty days prior to the date on which the employees become eligible for step advancement consideration. Employees who are not recommended for step advancement shall not be reconsidered for step advancement sooner than six months from the date of the of the employee's most recent performance evaluation.

RATER INSTRUCTIONS

1. **Schedule the Performance Review Conference at least two days in advance.**
 - Provide the employee with a copy of the following:
 - The current position description
 - The last performance review
 - The Organization's Mission, Statement and Goals
 - The agreed upon goals, objectives and measures; and divisional or section goals as they relate to the organization
 - Encourage the employee to review his/her performance prior to the conference
2. **Review the Position Description and the last Performance Review Form.**
Also consider the following:
 - Work product files
 - Written observations of job performance
 - Significant job-related incidents
 - Job-related observations of others who work closely with the employee, including supervisors and managers
 - Goals and objectives as they relate to the employee's responsibilities
 - Unplanned tasks and accomplishments
3. **Hold the Performance Review Conference**
 - Provide strict privacy; put the employee at ease; encourage employee input in discussion of performance.
 - Review the following as applicable:
 - Completion of performance reviews of direct reports
 - Accomplishment and impact of planned goals and objectives
 - Accomplishment and impact of unplanned tasks as agreed to with the employee
 - Impact of unaccomplished goals and objectives
 - Recognize good work
 - The defined dimensions as they relate to overall performance
 - Make suggestions as needed for improving performance and ask if the employee requires any help improving his/her performance.
 - Discuss and determine in the maintenance and breakthrough goals, objectives and measures for the next year and record them.
4. **Complete the Performance Review Form with the employee.**
 - If the employee has direct reports, complete the "Performance Review" objective; if not, mark the "Not Applicable" box
 - Attach Goals and Objectives attachment Forms. Review the agreed
5. **The Reviewer**
 - upon goals and objectives and record as follows:
 - Mark the "Completed" or "In Progress" box
 - Mark the appropriate rating "Above Target," "On Target," "Below Target"
 - Provide written comments to justify each rating
 - Enter any unplanned tasks and mark them "Completed" or "In Progress" and provide an appropriate rating and justification
 - **Where the employee is rated as "Below Target" or "Does Not Meet," it is mandatory that remarks be included on the Performance Improvement Plan which indicate how the employee can reach an acceptable level of performance by the next review conference.**
 - Complete the Performance Summary
 - For all employees eligible for step advancement, mark either "Satisfactory" or "Unsatisfactory" in the "Overall Rating" box
 - In the space provided for "Rater Comments," provide written justification for the employee's overall rating
 - Sign and date the form in the rater signature area and forward the form to the reviewer.
6. **The Reviewer**
 - Ensures that the rater has complied with all of the instructions and returns incomplete forms to the rater.
 - Reviews the form, adds comments, signs and dates in the area provided
 - Forwards the form to the appointing authority
7. **The Appointing Authority**
 - Reviews and signs the Performance Summary and forwards to the rater
8. **The Rater**
 - Obtains employee signature and comments in the Performance Summary
 - Schedules another conference if requested by employee
9. **Forms Distribution**
 - Rater and employee are given copies, and original is retained by the agency.

PERFORMANCE LOG

Goal or Objective/Dimension	Documentation

State of Ohio Performance Review System

GOALS

GOALS	STATUS	MEASURE	COMMENT ON ACHIEVEMENT
1.	Completed <input type="checkbox"/> In Progress <input type="checkbox"/>	Above Target <input type="checkbox"/> On Target <input type="checkbox"/> Below Target <input type="checkbox"/>	
2.	Completed <input type="checkbox"/> In Progress <input type="checkbox"/>	Above Target <input type="checkbox"/> On Target <input type="checkbox"/> Below Target <input type="checkbox"/>	
3.	Completed <input type="checkbox"/> In Progress <input type="checkbox"/>	Above Target <input type="checkbox"/> On Target <input type="checkbox"/> Below Target <input type="checkbox"/>	
4.	Completed <input type="checkbox"/> In Progress <input type="checkbox"/>	Above Target <input type="checkbox"/> On Target <input type="checkbox"/> Below Target <input type="checkbox"/>	
5.	Completed <input type="checkbox"/> In Progress <input type="checkbox"/>	Above Target <input type="checkbox"/> On Target <input type="checkbox"/> Below Target <input type="checkbox"/>	
6.	Completed <input type="checkbox"/> In Progress <input type="checkbox"/>	Above Target <input type="checkbox"/> On Target <input type="checkbox"/> Below Target <input type="checkbox"/>	
7.	Completed <input type="checkbox"/> In Progress <input type="checkbox"/>	Above Target <input type="checkbox"/> On Target <input type="checkbox"/> Below Target <input type="checkbox"/>	
8.	Completed <input type="checkbox"/> In Progress <input type="checkbox"/>	Above Target <input type="checkbox"/> On Target <input type="checkbox"/> Below Target <input type="checkbox"/>	
Y To COMPLETE performance review following prescribed procedures for all direct reports.	Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>	On Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Followed Process: <input type="checkbox"/> Yes <input type="checkbox"/> No	

State of Ohio Performance Review System

PERFORMANCE IMPROVEMENT PLAN

Improvement Opportunities	Plan

State of Ohio Performance Review System Exempt Manager/Supervisor; Professional/Para-Professional			NAME	EMPLOYEE ID
			JOB CODE TITLE	REVIEW PERIOD
AGENCY	DIVISION	SECTION	POSITION NUMBER	REVIEW DEADLINE

REVIEW TYPE:

reviewType1

PERFORMANCE SUMMARY

Overall Rating for employee step advancement: <ul style="list-style-type: none"> • On or Above Target on a majority of goals • Meets or Above on a Majority of dimensions <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
--	--

Rater Comments: To justify overall rating

Rater Signature _____ **Date** _____

Reviewer Comments:

Reviewer Signature _____ **Date** _____

Appointing Authority Signature _____ **Date** _____

I have read the above: I have I have not responded on an attached piece of paper. My signature may not indicate agreement with the ratings. I understand that performance reviews may be appealed and that failure to sign this form waives my right to appeal.

Employee Signature _____ **Date** _____