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**OFFICE OF THE ADJUTANT GENERAL
POSITION DESCRIPTION/EMPLOYEE PERFORMANCE EVALUATION FORM**

E24 Office of the Adjutant General Columbia Richland 40
Agency Code Agency Name City / County / Code

Employee Name Division

Current State Title Class Code Slot Band Position Number

Full/Part Time Indicator Hrs Per Week Base Hrs Is Position in Central Office? FLSA

% State Funding % Federal Funding % Other Funding

Supervisor State Title Class Code Slot Band

(OFFICE OF HUMAN RESOURCES)

Agency Code Class Code Slot

Authorized Date

P New Position Delegated rototype
Reclassification Update State Title Changes

Approved State Title

Approval Signature Date Approved

THE FOLLOWING SECTION OF THE POSITON DESCRIPTION IS TO BE COMPLETED BY THE SUPERVISOR

1. What are the minimum requirements for the position (Minimum requirements must at least meet the state minimum requirements for classified classes but may include additional requirements).

2. What knowledge, skills, and abilities are needed by an employee upon entry to this job including any special certification or license?

3. Describe the guidelines and supervision an employee receives to do this job, including the employee's independence and discretion.

4. Indicate additional comments regarding this position (e.g., work environment, physical requirements, overnight travel).

Update Request

Supervisor's Signature _____ Date _____

Reclassification Request *(Include Request for Salary Change Form)*

Employee's Signature _____ Date _____

Requested State Title _____ Class Code _____

Other Required Signature _____ Date _____

JOB PURPOSE

Job Purpose:

JOB FUNCTIONS

1. Function:

Success Criteria:

Actual Performance:

Performance Rating: ER MR BELOW

Weight Marginal % of
Essential Time

2. Function:

Success Criteria:

Actual Performance:

Performance Rating: ER MR BELOW

Weight Marginal % of
Essential Time

3. Function:

Success Criteria:

Actual Performance:

Performance Rating: ER MR BELOW

Weight Marginal % of
Essential Time

JOB FUNCTIONS (Continued)

Weight Marginal Essential % of Time

4. Function:

Success Criteria:

Actual Performance:

Performance Rating: ER MR BELOW

Weight Marginal Essential % of Time

5. Function:

Success Criteria:

Actual Performance:

Performance Rating: ER MR BELOW

Weight Marginal Essential % of Time

6. Function:

Success Criteria:

Actual Performance:

Performance Rating: ER MR BELOW

JOB FUNCTIONS (Additional)

Weight Marginal % of
Essential Time

7. Function:

Success Criteria:

Actual Performance:

Performance Rating: ER MR BELOW

Weight Marginal % of
Essential Time

8. Function:

Success Criteria:

Actual Performance:

Performance Rating: ER MR BELOW

Weight Marginal % of
Essential Time

9. Function:

Success Criteria:

Actual Performance:

Performance Rating: ER MR BELOW

JOB FUNCTIONS (Additional)

Weight Marginal % of
Essential Time

10. Function:

Success Criteria:

Actual Performance:

Performance Rating: ER MR BELOW

Weight Marginal % of
Essential Time

11. Function:

Success Criteria:

Actual Performance:

Performance Rating: ER MR BELOW

Weight Marginal % of
Essential Time

12. Function:

Success Criteria:

Actual Performance:

Performance Rating: ER MR BELOW

POSITION SUPERVISORY RESPONSIBILITY

(If this position includes supervisory responsibilities, please indicate the state title and number of positions of the three highest subordinates)

State Title

Number

- | | | |
|-----|--|--|
| (1) | | |
| (2) | | |
| (3) | | |

Number of employees directly supervised: _____ Total number supervised: _____

POSITION DESCRIPTION COMMENTS

OPTIONAL OBJECTIVES

Numerical Value

1. Objective

Success Criteria:

Actual Performance:

Performance Rating: ER MR BELOW

OPTIONAL OBJECTIVES (Continued)

Numerical Value

2. Objective

Success Criteria:

Actual Performance:

Performance Rating: ER MR BELOW

PERFORMANCE CHARACTERISTICS

Characteristic: Technical Competence

Definition: The degree the employee possesses necessary knowledge to effectively perform the job and able to apply what he/she has learned about his/her job. Acquires new knowledge/skills/abilities required by the job.

Performance Rating: Acceptable Unacceptable

Characteristic: Safety

Definition: The degree the employee works safely on the job. Is aware of working safely in the job assignment. Works carefully to avoid injury to himself and others. Encourages other employees to exercise caution and work safely

Performance Rating: Acceptable Unacceptable

Characteristic: Dependability/Reliability

Definition: The degree the employee can be relied upon to meet work schedules and fulfill job responsibilities and commitments. Meet deadlines and follows instructions. NOTE: Rate managers on the timely completion of his/her employee's performance evaluations.

Performance Rating: Acceptable Unacceptable

Characteristic: Customer Service

Definition: The degree the employee works effectively and cooperatively with others and other departments in achieving organization goals. The degree of responsiveness to organization needs.

Performance Rating: Acceptable Unacceptable

Characteristic: Promotes Equal Opportunity (**MANAGEMENT ONLY**)

Definition: The degree the manager promotes equal opportunity in such areas as hiring, promotion, and placement. The degree of personal and organizational commitment to equal opportunity. The progress toward achieving a full integrated and representative workforce. The contributions made toward minority programs and other social/economic equal opportunity goals.

Performance Rating: Acceptable Unacceptable

Characteristic: Malcolm Baldrige Criteria of Excellence (**MANAGEMENT ONLY**)

Definition: The employee has working knowledge of Malcolm Baldrige Criteria of Excellence and has the ability to identify and track key performance indicators within his/her department.

Performance Rating: Acceptable Unacceptable

PERFORMANCE SUMMARY AND IMPROVEMENT PLAN

(Identify the employee's major accomplishment, areas needing improvement, and steps to improve present and future performance, if any)

SUPERVISOR/EMPLOYEE COMMENTS

PERFORMANCE ACKNOWLEDGEMENT/EVALUATION

EPES Planning Stage Acknowledgement for Performance Period From: _____ To _____

Rating Officer _____ Date _____

Reviewed By _____ Date _____

Employee Signature _____ Date _____

(Signature of the employee indicates the Planning Stage and Position Description were reviewed with the employee.)

EPES Evaluation Stage Acknowledge for Performance Period From: _____ To _____

Rating Officer _____ Date _____

Reviewed By _____ Date _____

Employee Signature _____ Date _____

OVERALL PERFORMANCE RATING

(For State Human Resources Office Only)

- Exceeds Performance Requirements
- Meets Performance Requirements
- Below Performance Requirements *(Provide justification for rating)*