

**SOUTH CAROLINA MILITARY DEPARTMENT
POSITION DESCRIPTION / EMPLOYEE PERFORMANCE EVALUATION FORM**

OHR COPY

OTAG COPY

Agency Code Agency Name City / County / Code
Employee Name Division
Current State Title Class Code Band Position Number
Full/Part Time Indicator Hrs Per Week Base Hrs Is Position in Central Office? FLSA
% State Funding % Federal Funding % Other Funding
Rater State Title Class Code Band

OFFICE OF HUMAN RESOURCES

Agency Code Class Code Authorized Date

Delegated New Position Prototype
 State Title Changes Update Reclassification

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, etc.).

Update Request

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

Requested State Title: _____ Class Code _____

Employee's Signature: _____ Date: _____

Rater's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

JOB PURPOSE

Job Purpose:

JOB FUNCTIONS

Weight Marginal % of
Essential Time

1. Function:

Success Criteria:

Actual Performance:

Performance Rating: Exceptional Successful Unsuccessful

Weight Marginal % of
Essential Time

2. Function:

Success Criteria:

Actual Performance:

Performance Rating: Exceptional Successful Unsuccessful

Weight Marginal % of
Essential Time

3. Function:

Success Criteria:

Actual Performance:

Performance Rating: Exceptional Successful Unsuccessful

Weight Marginal % of
Essential Time

4. Function:

Success Criteria:

Actual Performance:

Performance Rating: Exceptional Successful Unsuccessful

Weight Marginal % of
Essential Time

5. Function:

Success Criteria:

Actual Performance:

Performance Rating: Exceptional Successful Unsuccessful

Weight Marginal % of
Essential Time

6. Function:

Success Criteria:

Actual Performance:

Performance Rating: Exceptional Successful Unsuccessful

Weight Marginal % of
Essential Time

7. Function:

Success Criteria:

Actual Performance:

Performance Rating: Exceptional Successful Unsuccessful

Weight Marginal % of
Essential Time

8. Function:

Success Criteria:

Actual Performance:

Performance Rating: Exceptional Successful Unsuccessful

Weight Marginal % of
Essential Time

9. Function:

Success Criteria:

Actual Performance:

Performance Rating: Exceptional Successful Unsuccessful

Weight Marginal % of
Essential Time

10. Function:

Success Criteria:

Actual Performance:

Performance Rating: Exceptional Successful Unsuccessful

POSITION SUPERVISORY RESPONSIBILITY

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

	<u>State Title</u>	<u>Number</u>
(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: Exceptional Successful Unsuccessful

Numerical Value

2. Objective:

Success Criteria:

Actual Performance:

Performance Rating: Exceptional Successful Unsuccessful

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: Pass Fail

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 themselves or others. Encourages other employees to exercise caution and work safely

Performance Rating: Pass Fail

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: Pass Fail

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: Pass Fail

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: Pass Fail

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: _____

Rater's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

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

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

Rater's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

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

OVERALL PERFORMANCE RATING

(For State Human Resources Office Only)

Exceptional Performance

Successful Performance

Unsuccessful Performance *(Provide justification for rating)*