

☐ DSHR COPY

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

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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 \_\_\_\_\_

**Division of State 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 POSITION 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 DESCRIPTION

ESSENTIAL JOB RESPONSIBILITIES

Marginal / % of  
Essential Time

1. Essential Job Responsibility:

Success Criteria:

Actual Performance:

Performance Rating: ☐ Exceptional    ☐ Successful    ☐ Unsuccessful

Marginal / % of  
Essential Time

2. Essential Job Responsibility:

Success Criteria:

Actual Performance:

Performance Rating: ☐ Exceptional    ☐ Successful    ☐ Unsuccessful

**3. Essential Job Responsibility:**

**Success Criteria:**

**Actual Performance:**

Performance Rating: ☐ Exceptional ☐ Successful ☐ Unsuccessful

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**4. Essential Job Responsibility:**

**Success Criteria:**

**Actual Performance:**

Performance Rating: ☐ Exceptional ☐ Successful ☐ Unsuccessful

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**5. Essential Job Responsibility:**

**Success Criteria:**

**Actual Performance:**

Performance Rating: ☐ Exceptional ☐ Successful ☐ Unsuccessful

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Marginal / % of  
Essential Time

**6. Essential Job Responsibility:**

**Success Criteria:**

**Actual Performance:**

Performance Rating: ☐ Exceptional ☐ Successful ☐ Unsuccessful

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**7. Essential Job Responsibility:**

**Success Criteria:**

**Actual Performance:**

Performance Rating: ☐ Exceptional ☐ Successful ☐ Unsuccessful

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Marginal / % of  
Essential Time

**8. Essential Job Responsibility:**

**Success Criteria:**

**Actual Performance:**

Performance Rating: ☐ Exceptional ☐ Successful ☐ Unsuccessful

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**9. Essential Job Responsibility:**

**Success Criteria:**

**Actual Performance:**

Performance Rating: ☐ Exceptional    ☐ Successful    ☐ Unsuccessful

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Marginal / % of  
Essential Time

**10. Essential Job Responsibility:**

**Success Criteria:**

**Actual Performance:**

Performance Rating: ☐ Exceptional    ☐ Successful    ☐ Unsuccessful

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**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: ☐ Exceptional ☐ Successful ☐ Unsuccessful

Numerical Value

**2. Objective:**

**Success Criteria:**

**Actual Performance:**

Performance Rating: ☐ Exceptional ☐ Successful ☐ Unsuccessful

<b>PERFORMANCE CHARACTERISTICS</b>
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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

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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

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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

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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



<b>PERFORMANCE SUMMARY AND IMPROVEMENT PLAN</b>
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*(Identify the employee's major accomplishment, areas needing improvement, and steps to improve present and future performance, if any)*

<b>SUPERVISOR/EMPLOYEE COMMENTS</b>
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## **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)*