□ OHR COPY

SOUTH CAROLINA MILITARY DEPARTMENT POSITION DESCRIPTION / EMPLOYEE PERFORMANCE EVALUATION FORM

OTAG COPY

| Employee Name Division | Agency Code Class Code Authorized Date |
|--|---|
| Current State Title Class Code Band Position Number | Delegated New Position Prototype State Title Changes Update Reclassification |
| Full/Part Time Indicator Hrs Per Week Base Hrs Is Position in Central Office? FLSA | Approved State Title |
| % State Funding % Federal Funding % Other Funding | Approval Signature Date Approved |
| Rater State Title Class Code Band | |

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 | | Employee's Signature: | Date: |
|---|------------|-----------------------|-------|
| Reclassification Request (Include Request for Salary Change For | orm) | Rater's Signature: | Date: |
| Requested State Title: | Class Code | Reviewer's Signature: | Date: |

ESSENTIAL JOB RESPONSIBILITIES

Marginal / % of Essential Time

1. Essential Job Responsibility:

Success Criteria:

Actual Performance:

Performance Rating:

Exceptional
Successful
Unsuccessful
Unsuccessful

Marginal / % of Essential Time

2. Essential Job Responsibility:

Success Criteria:

Actual Performance:

Success Criteria:

Actual Performance:

Performance Rating:

Exceptional
Successful
Unsuccessful
Unsuccessful

Marginal / % of Essential <u>Time</u>

4. Essential Job Responsibility:

Success Criteria:

Actual Performance:

Performance Rating:

Exceptional
Successful
Unsuccessful
Unsuccessful

Success Criteria:

Actual Performance:

Performance Rating:

Exceptional
Successful
Unsuccessful
Unsuccessful

Marginal / % of Essential Time

6. Essential Job Responsibility:

Success Criteria:

Actual Performance:

Performance Rating:

Exceptional
Successful
Unsuccessful
Unsuccessful

Success Criteria:

Actual Performance:

Performance Rating:

Exceptional
Successful
Unsuccessful
Unsuccessful

Marginal / % of Essential <u>Time</u>

8. Essential Job Responsibility:

Success Criteria:

Actual Performance:

Performance Rating:

Exceptional
Successful
Unsuccessful

Success Criteria:

Actual Performance:

Performance Rating:

Exceptional
Successful
Unsuccessful
Unsuccessful

Marginal / % of Essential <u>Time</u>

10. Essential Job Responsibility:

Success Criteria:

Actual Performance:

Performance Rating:

Exceptional
Successful
Unsuccessful
Unsuccessful

| 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 | | | |

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| OPTIONAL OBJECTIVES | |
|---|------------------------|
| 1. Objective: | <u>Numerical Value</u> |
| Success Criteria: | |
| Actual Performance: | |
| Performance Rating: Exceptional Successful Unsuccessful | |
| 2. Objective: | Numerical Value |
| Success Criteria: | |
| Actual Performance: | |

| 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 | | | | | |
| | | works safely on the job. Is aware of working safely in the job assignment. Works sor others. Encourages other employees to exercise caution and work safely | | | |
| Performance Rating: | □ Pass | □ Fail | | | |
| Characteristic: Depend | lability/Reliabili | ity | | | |
| | eadlines and fo | can be relied upon to meet work schedules and fulfill job responsibilities and ollows instructions. NOTE: Rate managers on the timely completion of his/her | | | |
| Performance Rating: | □ Pass | □ Fail | | | |
| Characteristic: Custom | er Service | | | | |
| | | works effectively and cooperatively with others and other departments in egree of responsiveness to organization needs. | | | |
| Performance Rating: | Pass | □ Fail | | | |

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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 wit | h the employee.) |
| | |
| EPES Evaluation Stage Acknowledgement for Performance Period From: | То: |
| 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) | |