**PEP Supplemental Support –Federal**

Attachment A

**State Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rating Period \_\_\_\_\_\_\_\_**

First MI Last End Month Year

Overall work performance **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (unsatisfactory, Satisfactory or Outstanding)

Please provide your comments, for each area, to assist the supervisor in completing the employee’s evaluation.

**Work Ethic:** (Attendance)

**Team-Work:** (Implements department’s goals, Resolves complaints, Promotes cooperation)

**Communication:** (Speaks and writes effectively, positively interacts with co-workers)

**Customer Service:** (Meet Customers’ requirements, courteous, Provides timely and accurate information)

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**Initiatives:** (Generates Ideas, options and solutions; Solves problems; improves processes; Engages self-improvement)

**Work Performance:** (Prioritizes work; Completes assignments accurately and on time; Maintains confidentiality)

**Supervision:** (Provides timely performance feedback; Follows personnel procedures, discipline, sick leave and hiring)

**Training Recommendations:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Printed Name / Title Federal Employee State Supervisor Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Federal Employee State Supervisor Signature