

**MS STATE PERSONNEL BOARD
PERFORMANCE APPRAISAL REVIEW REPORT**

SECTION 1. GENERAL INFORMATION

Appraisal Period From: _____, 20 ____ to _____, 20 ____

Employee's Name (Last, First, Middle Initial) _____ Social Security Number _____
Position (PIN) Number: _____ Title: _____
Agency Code: _____ Agency Name: _____
Agency Dept: _____

SECTION 2. DUTIES/PERFORMANCE STANDARDS (To complete, see reverse for instructions.)

SECTION 3. ACKNOWLEDGEMENT OF DUTIES/PERFORMANCE STANDARDS

Date: _____ Supervisor Signature: _____
Date: _____ First Level Reviewer: _____
Employee Response: *(Initial one blank ONLY.)*
The supervisor has reviewed with me the duties/performance standards. I do _____ do not _____ concur.
Date: _____ Employee Signature: _____

SECTION 4. REVIEW AND FEEDBACK

Review Date: _____ Supervisor Initials: _____ Employee Initials: _____

SECTION 5. ACCOMPLISHMENTS/AREAS TO IMPROVE (To complete, see reverse for instructions.)

SECTION 6. NARRATIVE APPRAISAL/RATING

Appraisal Rating _____ For online SPAHRS purpose, rating supervisor please initial the reason for rating:
Completed: First six months _____ Second six months _____ Annual _____
Agency/rating cycle: Transferred _____ Promoted _____ Demoted _____ Reclassified _____
Rater transferred _____ No longer employed _____ Other _____
Date: _____ Supervisor Signature: _____
Date: _____ First level Reviewer: _____
Employee Response: *(Initial one line ONLY.)*
My supervisor has discussed this narrative appraisal/rating with me and I do _____ do not _____ concur with this rating.
I acknowledge that the appraisal rating was discussed with me. _____
Date: _____ Employee Signature: _____