

TRANSFER PERFORMANCE EVALUATION FORM
The supervisor must complete a transfer performance evaluation for an employee being transferred, promoted, or demoted, if the employee reported to the supervisor for at least ninety (90) calendar days. If the supervisor is transferring or separating from County Government, they must also complete transfer performance evaluations for all direct reports they have supervised for at least ninety (90) days.

**Form Instructions**

* **STEP 1:** **Supervisor** completes, signs, and emails PDF version of this form to Agency Performance Manager
* **STEP 2:** **Agency Performance Manager** reviews, signs, and emails form to Appointing Authority
* **STEP 3:** **Appointing Authority** reviews, signs, and emails form to Agency Performance Manager
* **STEP 4:** **Agency Performance Manager** renames form as *“[Transfer Month Year] Transfer Evaluation – [LastName], [FirstName] – [Employee ID]”*
* **STEP 5: Agency Performance Manager** emails form to supervisor and Office of Human Resources Management to document as part of employee’s personnel file
* **STEP 6:** **Agency Performance Manager** uploads form to employee’s profile in NEOGOV Perform

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| **SECTION 1: Transfer Details** |
| **Transfer Type**  | A. [ ]  Employee transferring to different supervisorB. [ ]  Supervisor transferring to different position or AgencyC. [ ]  Supervisor separating from County Government |
| **Effective Date of Transfer** | Click or tap to enter a date. |

| **SECTION 2: Supervisor Information** |
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| **Supervisor Name** Click or tap here to enter text. | **Employee ID #** Click or tap here to enter text. |
| **Class Title**Click or tap here to enter text. | **Grade**Click or tap here to enter text. | **Position No.**Click or tap here to enter text. |
| **Department/Division**Click or tap here to enter text. | **Agency**Click or tap here to enter text. |

| **SECTION 3: Employee Information** |
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| **Employee Name** Click or tap here to enter text. | **Employee ID #** Click or tap here to enter text. |
| **Class Title**Click or tap here to enter text. | **Grade**Click or tap here to enter text. | **Position No.**Click or tap here to enter text. |
| **Department/Division**Click or tap here to enter text. | **Agency**Click or tap here to enter text. |

| **SECTION 4: Transfer Performance Evaluation** |
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| **Performance Goals**1. *List the employee’s performance goals for the fiscal year*
2. *Check the appropriate box beside each goal to assign a rating*
3. *Provide comments below each performance goal*
 | **Does Not Meet Expectations (1)** | **Needs Development (2)** | **Meets Expectations (3)** | **Exceeds Expectations (4)** |
| **1** | **Performance Goal:** Click or tap here to enter text. | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 |
| **Comments:** Click or tap here to enter text. |
| **2** | **Performance Goal:** Click or tap here to enter text. | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 |
| **Comments:** Click or tap here to enter text. |
| **3** | **Performance Goal:** Click or tap here to enter text. | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 |
| **Comments:** Click or tap here to enter text. |
| **4** | **Performance Goal:** Click or tap here to enter text. | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 |
| **Comments:** Click or tap here to enter text. |
| **5** | **Performance Goal:** Click or tap here to enter text. | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 |
| **Comments:** Click or tap here to enter text. |
| **Employee Competencies**1. *Check the appropriate box beside each goal to assign a rating*
2. *Provide comments below each competency*
 | **Does Not Meet Expectations (1)** | **Needs Development (2)** | **Meets Expectations (3)** | **Exceeds Expectations (4)** |
| **1** | **Accountability** | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 |
| **Comments:** Click or tap here to enter text. |
| **2** | **Collaboration** | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 |
| **Comments:** Click or tap here to enter text. |
| **3** | **Communication** | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 |
| **Comments:** Click or tap here to enter text. |
| **4** | **Integrity** | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 |
| **Comments:** Click or tap here to enter text. |
| **Supervisor Competencies (only for employees with direct reports)**1. *Check the appropriate box beside each goal to assign a rating*
2. *Provide comments below each competency*
 | **Does Not Meet Expectations (1)** | **Needs Development (2)** | **Meets Expectations (3)** | **Exceeds Expectations (4)** |
| **1** | **Adaptability** | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 |
| **Comments:** Click or tap here to enter text. |
| **2** | **Decision Making** | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 |
| **Comments:** Click or tap here to enter text. |
| **3** | **Completion of Employee Evaluations** | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 |
| **Comments:** Click or tap here to enter text. |
| **AVERAGE OVERALL RATING:** | **0.00** |
| **OVERALL RATING:** | [ ]  Does Not Meet Expectations (1.00 – 1.50) | [ ]  Needs Development (1.51 – 2.50) | [ ]  Meets Expectations(2.51 – 3.50) | [ ]  Exceeds Expectations (3.51 – 4.00) |
| **Overall Comments:** Click or tap here to enter text. |

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| **SECTION 5: Signatures** |
| **Supervisor’s Full Name**  | **Supervisor’s Signature**  | **Date** |
| **Agency Performance Manager’s Full Name** | **Agency Performance Manager’s Signature**  | **Date** |
| **Appointing Authority’s Full Name** | **Appointing Authority’s Signature**  | **Date** |