Office of the Lieutenant Governor (OLG)

Department of Culture, Recreation and Tourism (DCRT)

**PERFORMANCE ADJUSTMENT CONSIDERATION FORM**

An employee who is in active status as of June 30 of the performance evaluation year is eligible for, and may be granted (provided that Civil Service Rules and Department budget permit), a performance adjustment.

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Personnel #:** |  |
| **Job Title:** |  |
| **Department/Section:** |  |
| **Appointment Date:** |  |

The following have been evaluated in determining whether the above referenced employee is eligible for a performance adjustment:

|  |  |  |  |
| --- | --- | --- | --- |
| **Was the subject employee active with OLG/DCRT as of 6/30?** | Yes | No | |
| **Did the employee receive a “Successful” or “Exceptional” performance evaluation?** | Yes | No | |
| **If the employee is a supervisor, did he/she complete all required evaluations by 8/31 and plannings by 9/30?** | Yes | No | N/A |
| **If the employee is a second-level evaluator, did he/she sign all required evaluations and plannings before they were conducted?** | Yes | No | N/A |
| **If the employee is a second-level evaluator, did the evaluating supervisors under his/her supervision complete all of their required evaluations by 8/31 and plannings by 9/30?** | Yes | No | N/A |

*If all of the above were answered “Yes” and “N/A”, the employee is eligible for a performance adjustment in accordance with the Civil Service Rules.* ***If one or more of the above was answered “No,” the employee is not eligible for a performance adjustment.***

Based on the above assessment, the following action is deemed appropriate:

**APPROVE Effective Date: October 1**

I certify that this employee has met the required standards for receipt of a performance adjustment in accordance with Civil Service Rule 6.14.

**REQUIRED ATTACHMENT:  Personnel Authorization Form (301)**

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*Supervisor’s signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Appointing Authority’s signature Date*

**DISAPPROVE**

I certify that this employee is ineligible to receive and/or failed to meet the required standards of work during the evaluation period, and is hereby denied a performance adjustment.

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*Supervisor’s signature Date*

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*Appointing Authority’s signature Date*