State of Illinois
Department of Human Services - IMSHS

MERIT COMPENSATION AND PERFORMANCE SYSTEM

Employee's Name - Last, First, Middle:	Agency:
Employee's Social Security Number:	Employee's Payroll Title:
Report Period:	Type of Report: ☐ Probationary ☐ Annual

Part I - APPRAISAL OF EMPLOYEE PERFORMANCE CHARACTERISTICS

Rate the employee for each performance characteristic by marking the box that best indicates the employee's level of achievement. Base each rating on the employee's demonstrated performance. Comments may be provided to explain the rating, and are **REQUIRED** when an 'Exceptional" or "Unacceptable" rating is designated.

PLANNING Ability to develop a plan to complete the work.

☐ Exceptional ☐ Accomplished ☐ Acceptable ☐ Unacceptable

Comments:

INITIATIVE Ability to be enterprising and industrious enough to stay ahead fo the job.

☐ Exceptional ☐ Accomplished ☐ Acceptable ☐ Unacceptable

Comments:

QUALITY Level of accuracy, content and thoroughness of work.

☐ Exceptional ☐ Accomplished ☐ Acceptable ☐ Unacceptable

Comments:

PRODUCTIVITY Amount of work completed in relation to expectations.

☐ Exceptional ☐ Accomplished ☐ Acceptable ☐ Unacceptable

Comments:

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KNOWLEDGE Familiarity with techniques and procedures needed to complete the work.

☐ Exceptional ☐ Accomplished ☐ Acceptable ☐ Unacceptable

Comments:

JUDGMENT Ability to weigh alternatives and arrive at conclusions.

☐ Exceptional ☐ Accomplished ☐ Acceptable ☐ Unacceptable

Comments:

TEAMWORK Ability to work with others, when appropriate, to attain organizational goals and objectives.

☐ Exceptional ☐ Accomplished ☐ Acceptable ☐ Unacceptable

Comments:

LEADERSHIP Ability to develop and guide subordinates or co-workers to successful completion of objectiive through increasing their knowledge, skills and abilities, if applicable.

☐ Exceptional ☐ Accomplished ☐ Acceptable ☐ Unacceptable

Comments:

HUMAN RELATIONS Ability to establish and maintain rapport with personal contacts.

☐ Exceptional ☐ Accomplished ☐ Acceptable ☐ Unacceptable

Comments:

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Part II - OVERALL PERFORMANCE RATING

Rate the employee's overall performance by marking the box that best indicates the employee's level of achievement Superviosr's comments on the employee's overall performance may be docuemtned on an attached sheet, and are **REQUIRED** when an "Exceptional" or "Unacceptable" performance rating is designated.

☐ Exceptional: Overall the employee consistently demonstrates outstanding performance and far exceeds expectations in the completion of established objectives. Additionally, the empolyee seeks, accepts and completes assignments outside the realm of the established objectives, which results in a significant contribution to the agency.

☐ Accomplished: Overall, the employee successfuly carries out assigned duties and responsibilities; meets or exceeds expectations for productivity and quality on a regular basis; accepts and completes special assignments with diligence and concern for the desired outcomes; and exhibits appropriate trust and respect from coworkers and agency management. Employees rated as "accomplished" consistently display understanding and concern for agency goals and the objectives of their operational area.

☐ Acceptable: Overall, the employee meets many of the standards for the position, but for a number of reasons the general performance level cannot be characterized as "accomplished".

☐ Unacceptable: Overall, the employee has not met the established objectives and standards of the job in a significant number of situations.

Part III - EMPLOYEE'S COMMENTS

The employee may comment on all or any part of the information contained in this document, including the evaluation [process. If the employee does not concur with the evaluation, check the appropriate box in Part VII and explain reasons for disagreement.

Part IV - PROGRESS REVIEW (This can be initiated by either the employee or the supervisor)

The employee and supervisor may meet to review progress toward established objectives at the the request of either party. The employee and supervisor should date and initial the document at the time of each review.

Date: _____ Initials: Employee: _____ Supervisor: _____

Date: _____ Initials: Employee: _____ Supervisor: _____

Part V - SIGNATURES

EMPLOYEE'S SIGNATURE _____ PAYROLL TITLE _____ DATE _____

☐ iI DO CONCUR ☐ I DO NOT CONCUR - COMMENTS: _____

_____

SUPERVISOR'S SIGNATURE _____ PAYROLL TITLE _____ DATE _____

I HAVE PERSONALLY DISCUSSED THE CONTENT OF THIS DOCUMENT WITH THE EMPLOYEE

AGENCY'S DIRECTOR SIGNATURE _____ PAYROLL TITLE _____ DATE _____