



**DEPARTMENT OF ADMINISTRATION
MERIT BONUS SUPPLEMENTAL JUSTIFICATION EVALUATION
FORM**



General Instructions:

To complete this form, please refer to the document entitled, **Information & Instructions for DOA Merit Bonus Supplemental Justification Evaluation Form** and **Merit Bonus Supplemental Justification Policy**. Most importantly, the conditions outlined on page 3 of the **Information & Instructions** document must have been met in order to fill out this Form. Submitting this Form without having met these conditions will result in the final clearance being disapproved by the Department of Administration (or applicable Autonomous Agency HR Office).

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR (Rater):

EMPLOYEE: _____ Employee ID: _____
Print First Name, MI, Last Name

POSITION TITLE: _____

DEPT / DIVISION.: _____

EMPLOYEE'S POSITION IS: NON-ADMINISTRATOR/MANAGERIAL LEVEL
 ADMINISTRATOR/MANAGERIAL LEVEL

RATING PERIOD: FROM: _____ TO: _____

PERIOD OF SUPERVISION: FROM: _____ TO: _____

SUPERVISOR: _____
Print First Name, MI, Last Name and Position Title

SUPERVISOR'S PH. NO. & EMAIL: _____

REVIEWER: _____
Print First Name, MI, Last Name and Position Title

REVIEWER'S PH. NO. & EMAIL: _____

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TO BE COMPLETED UPON RECEIPT OF FORM & SUPPORTING DOCUMENTS:

DATE REC'D BY REVIEWER: _____ INITIALS: _____

DATE REC'D BY DEPARTMENT HEAD: _____ INITIALS: _____

DATE REC'D BY HR OFFICE: _____ INITIALS: _____

Documents Received: MBSJEF Form ____ WPPE ____ PDQ ____ Other: _____

Employee Name: _____

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR (Rater):

PART A.1 PERFORMANCE CRITERIA DESCRIPTION OF ACCOMPLISHMENTS

To complete Part A, please refer to Section entitled, "Supervisor's Instructions to Complete Part A" of the Information & Instructions for Merit Bonus Supplemental Justification Evaluation Form, and the Merit Bonus Supplemental Justification Evaluation Criteria Descriptions. Also, see below.

Dates of the event(s) must be indicated for each example provided under the Description of Accomplishments. At minimum, the month & year that the event took place during the employee's rating period must be provided, otherwise the example cannot be included. If an event began outside of the rating period, it may be included as long as it concluded within the rating period.

Supervisors are not to consider incidental work, or work outside the scope of the employee's regularly assigned duties, or outside the scope of the official detailed duties (e.g. organizing a volunteer cleanup project at a school when the employee's regular duties are secretarial in nature).

Providing multiple examples of accomplishments based on the official position of the employee that are spread out throughout the rating period, or at least one example that took a considerable amount of time or effort to accomplish with impactful results generally warrants rating a criteria with a higher score.

Be advised that dates will be reviewed by your management and the Department of Administration. The approval by your Department Head and final clearance by the Department of Administration (or autonomous agency HR Office) may be affected if no dates are provided or the dates are outside of the rating period.

Attach additional sheets as necessary.

For Employees whose positions are:

- Non-Administrator/Managerial – Complete Criteria 1 to 8
- Administrator/Managerial - Complete Criteria 1 to 9

NOTE: Rate Criteria No. 9 only if your Employee is an Administrator/ Manager. If a score is indicated and your employee is NOT an Administrator/ Manager, the score will be excluded upon review by your management and the DOA (or autonomous HR Office) which may affect approval

Employee Name: _____

PART A.1

Detailed Information: This section is provided for you (Rater) to provide detailed information and examples of work that support the ratings for any and all of the established criteria provided in the **Evaluation Performance Criteria Descriptions on page 9 of the Information and Instructions**. This detailed information should, as much as possible provide dates and times of events, projects, and other accomplishments that support the overall "Superior" Rating.

Description of Accomplishment(s):

Employee Name: _____

TO BE COMPLETED BY EMPLOYEE’S SUPERVISOR (Rater):

PART A.2. PERFORMANCE CRITERIA EVALUATION BY EMPLOYEE’S SUPERVISOR:

Write in, and circle the score for each criteria based on your evaluation of your employees accomplishments; total the score, then check mark the appropriate box depending on the total score that you indicated.

Employee’s Supervisor shall rate: Criteria 1 to 8 for employees in Non-Administrator/Managerial Positions, and Criteria 1 to 9 for employees in Administrator/Managerial Positions.

For the Employee’s Supervisor to be able to check mark, “SUPERIOR RECOMMENDED” rating, the Total Score must indicate a minimum of 30 points for non-Administrator/Managerial positions, or a minimum of 35 points for Administrator/Managerial positions (with at least 3 points out of the minimum of 35 points rated under the Goals and Objectives Criteria). Be advised that the appropriate HR Office will verify that the MBSJEF Forms have been properly scored as part of their review process.

<p>1. Quality of Work</p>	<p style="text-align: center;"> 0 1 3 5 </p> <p style="text-align: center;"> No Response/ No Credit Highly Satisfactory Exceeds Expectations Superior </p> <p style="text-align: center;">Score: _____</p>
<p>2. Quantity of Work</p>	<p style="text-align: center;"> 0 1 3 5 </p> <p style="text-align: center;"> No Response/ No Credit Highly Satisfactory Exceeds Expectations Superior </p> <p style="text-align: center;">Score: _____</p>
<p>3. Relationship with Others</p>	<p style="text-align: center;"> 0 1 3 5 </p> <p style="text-align: center;"> No Response/ No Credit Highly Satisfactory Exceeds Expectations Superior </p> <p style="text-align: center;">Score: _____</p>
<p>4. Analytical Ability and Judgment</p>	<p style="text-align: center;"> 0 1 3 5 </p> <p style="text-align: center;"> No Response/ No Credit Highly Satisfactory Exceeds Expectations Superior </p> <p style="text-align: center;">Score: _____</p>
<p>5. Creativity on the Job</p>	<p style="text-align: center;"> 0 1 3 5 </p> <p style="text-align: center;"> No Response/ No Credit Highly Satisfactory Exceeds Expectations Superior </p> <p style="text-align: center;">Score: _____</p>

Employee Name: _____

<p>6. Job Knowledge</p>	<p style="text-align: center;"> 0 1 3 5 No Response/ Highly Exceeds Superior No Credit Satisfactory Expectations Score: _____ </p>
<p>7. Planning and Organization</p>	<p style="text-align: center;"> 0 1 3 5 No Response/ Highly Exceeds Superior No Credit Satisfactory Expectations Score: _____ </p>
<p>8. Communication Effectiveness</p>	<p style="text-align: center;"> 0 1 3 5 No Response/ Highly Exceeds Superior No Credit Satisfactory Expectations Score: _____ </p>
<p>9. Objectives and Goals (Rate this only if your Employee is an Administrator/Manager. If a score is indicated and your employee is NOT an Administrator/Manager, the score will be excluded when reviewed)</p>	<p style="text-align: center;"> 0 1 3 5 No Response/ Highly Exceeds Superior No Credit Satisfactory Expectations Score: _____ </p>
<p style="text-align: center;">PERFORMANCE RATING (Checkmark one):</p> <p>SUPERIOR RECOMMENDED <input type="checkbox"/> *Pending Department Head Approval and Clearance</p> <p>SUPERIOR NOT RECOMMENDED <input type="checkbox"/></p>	<p>TOTAL SCORE: _____</p> <p>To checkmark RECOMMENDED for a Superior rating:</p> <p>Employee must be rated with a min. total score of 30 pts. for non-Administrator/Managerial positions, and 35 pts. for Administrator/Managerial positions, <u>with</u> at least 3 pts. out of the min. of 35 pts. awarded under the Goals and Objectives Criteria</p>

Supervisor's Comments Required if Superior Rating Not Recommended:

Supervisor's Signature: _____ Date: _____

Employee Name: _____

TO BE COMPLETED BY ADMINISTRATOR/MANAGER/DIVISION HEAD (Reviewer):

PART B. REVIEWER'S CONCURRENCE OF PART A:

Upon receipt of this Form, WPPE, PDQ and if applicable proof of detail, indicate the date received as the Reviewer and your initials at the bottom of the first page of this Form for documentation purposes.

To complete Part B, please refer to Section entitled, "Reviewer's (Administrator/Manager/Division Head) Instructions to Complete Part B" of the Information & Instructions for Merit Bonus Supplemental Justification Evaluation Form. The Reviewer may optionally refer to the "Merit Bonus Supplemental Justification Evaluation Performance Criteria Descriptions", and the "Superior Performance Rating & Merit Bonus Policy". Also see below.

Reviewer shall verify if examples of accomplishments with dates have been indicated in Part A.1. and review the evaluation completed by the Supervisor under Part A.2.

The Review shall also verify that the appropriate number of performance criteria were completed by the Supervisor. If the employee's position is non-administrator/managerial, then Criteria 1 through 8 should have responses. If the employee's position is administrator/managerial, then Criteria 1 through Criteria 8 should have responses and Criteria 9 must have a response.

Comments: (attach additional sheets as necessary)

On the basis of my review:

___ I **concur** with the employee's Supervisor who has RECOMMENDED/NOT RECOMMENDED employee for a superior rating; I have indicated my comments, and will forward the documents to our Department Head.

___ I **do not concur** with the employee's Supervisor who has RECOMMENDED/NOT RECOMMENDED employee for a superior rating; I have indicated my comments, and will forward the documents to our Department Head.

Reviewer's Signature: _____ Date: _____

Employee Name: _____

TO BE COMPLETED BY DEPARTMENT HEAD:

PART C. DEPARTMENT HEAD'S REVIEW & DECISION:

Upon receipt of this Form, WPPE, PDQ and if applicable proof of detail, indicate the date received as the Reviewer and your initials at the bottom of the first page of this Form for documentation purposes.

Complete Part C by reviewing Parts A and B to determine whether the employee may be granted, or not granted a Superior Rating

Refer to Section entitled, "Department Head/Department Head's Review & Decision" Instructions to Complete Part C" of the Information & Instructions for Merit Bonus Supplemental Justification Evaluation Form. The Department Head should also refer to the "Merit Bonus Supplemental Justification Evaluation Performance Criteria Descriptions", and the "DOA Merit Bonus Supplemental Justification Policy" for further guidance.

To complete Part C, the Department Head considers the Description of Accomplishments, the Supervisor's evaluation and recommendation, and any Comments by the Reviewer in Parts A and B respectively.

Aside from reviewing the employee's accomplishments and supervisor's ratings, it is particularly important to review to see if the Reviewer (who is next in line to the employee's supervisor), concurred or did not concur with the employee's supervisor. The Department Head must take all of this into consideration to properly make a decision to concur or not concur with the Supervisor's evaluation.

Employee Name: _____

DEPARTMENT HEAD'S DECISION

Department Head:

After reviewing the accomplishments, the evaluation, and the recommendations of the Employee's Supervisor and Reviewer, I as the Department Head:

- ___ **Concur with the Supervisor's evaluation and APPROVE THE RECOMMENDED RATING OF SUPERIOR (subject to DOA's /autonomous HR Office review and final clearance)**
- ___ **Concur with the Supervisor's evaluation to NOT recommend the rating of Superior; the rating of Outstanding remains status quo**
- ___ **Do NOT concur with the Supervisor's evaluation and DISAPPROVE THE RECOMMENDED RATING OF SUPERIOR; the rating of Outstanding remains status quo (Must Provide Justification in Comments Section Below)**

Department Head's Name	Signature	Date
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Department Head's Comments: (attach additional sheets as necessary)

Next Steps for Department Head if Approves Employee for a Superior Rating:

For an employee who is approved for a Superior Rating, the Department Head shall have their staff route all documents to the Department of Administration Human Resources Division (or if autonomous agency, to their HR Office).

If for some reason some documents are missing or information such as signatures are missing, your department will be given the opportunity to submit the missing document/information. The appropriate HR Office will contact either the employee's supervisor or Reviewer to inform them of the missing document/information and provide a deadline of five (5) workdays to submit. If not received within the five (5) workdays, the appropriate HR Office will return all documents to your department without action.

Employee Name: _____

If the conditions and requirements for the MBSJEF Form were met AND the appropriate HR Office determined that the Form was appropriate and cleared, the appropriate HR Office will clear for compliance and then returned to your department.

If the form indicates the Personnel Services Administrator's final clearance, your department will need to prepare a Merit Bonus GG-1 with certification of funds being available and attach a copy of the fully approved MBSJEF form. The remarks section shall have a statement that the employee's performance rating is adjusted to "Superior" pursuant to the approved MBSJEF form. These two documents shall first be routed to Bureau of Budget & Management Research (BBMR) for clearance (or appropriate budget office for autonomous agencies), and then routed to the appropriate HR Office for processing. If the BBMR/budget office returns the GG-1 to your department based on issues such as funding, your department will need to communicate with the BBMR/budget office to adjust your budget accordingly to accommodate the Merit Bonus.

Once the Merit Bonus GG-1 and the approved MBSJEF form is received by the appropriate HR Office, a Personnel Action will be generated and sent to Payroll which will result in the employee being awarded a merit bonus of 3.5% based on the employee's new increment salary. In addition, the same Personnel Action will indicate employee's overall performance rating being adjusted to: "Superior". The adjustment will not affect the WPPE waiting period/anniversary date.

However, in the event the conditions and requirements for the MBSJEF form were NOT met as reviewed and determined by the appropriate HR Office, the appropriate HR Office will return the form and supporting documents to your department with an explanation indicated in the appropriate HR Office Comments Section. Some of the reasons for not clearing the MBSJEF form are as follows:

- a) Supporting documents were not received, or received late; or
- b) The employee received a less than Outstanding rating; or
- c) The employee's WPPE was not properly based on the official position based on the official PDQ (and if applicable, detailed position); or
- d) The employee was issued a Final Notice of Adverse Action for actions and conduct during their rating period; or
- e) The total score was less than the minimum required to achieve a "Superior Approved" based on verification by the appropriate HR Office for reasons such as one or more criteria was incorrectly scored

Next Steps if Department Head Disapproves Employee for a Superior Rating:

If the Department Head disapproves the MBSJEF form, the Department Head shall indicate comments, and return it to the Reviewer, who in turn shall forward it to the employee's Supervisor who will meet with the employee regarding the disapproval. Such disapproval by the Department Head is appealable by the employee under DOA Rule 10.100.

Next Steps if DOA (or Autonomous Agency's HR Office) Does Not Clear the Department Head Approved MBSJEF Form:

If the DOA (or Autonomous Agency's HR Office) does not clear the Department Head MBSJEF approved form, the form shall be returned to the department head who in turn shall forward to the Reviewer and then to the employee's Supervisor who will let the employee know what happened.

Employee Name: _____

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Human Resources Office Review

HOLD – Indicate pending document(s): _____ Date: _____

Name Contacted: _____ Date: _____

Date Pending document(s) received on: _____

RETURN TO DEPARTMENT – MBSJEF FORM NOT CLEARED - EMPLOYEE NO LONGER UNDER CONSIDERATION FOR SUPERIOR PERFORMANCE RATING/MERIT BONUS:

___ MBSJEF Form was disapproved by Department Head

___ Pending documents received late, incomplete, or not at all

___ WPPE does not indicate an Outstanding rating based on Employee’s Official Position and PDQ, (and detailed position if applicable)

___ Employee was issued a Final Adverse Action based on actions and conduct during rating period

___ Other: (explain below)

MBSJEF FORM CLEARED BY HR OFFICE – Return to Department to Prepare GG-1

HR Staff Signature: _____

Date

Print Name/Position Title: _____

Personnel Services Administrator Signature: _____

Date