

Instructions for Use of the Management Review Form (MRF)

General

The Management Review Form is designed to assist supervisors in providing performance feedback to employees. The form also serves as documentation that the supervisor and employee have met to review and discuss the employee's performance. The following types of reviews are documented on the MRF:

Working Test Mid-Point Review

By state statute, a management review must be completed within 10 calendar days of the date a classified employee has completed one-half of the working test period or as near to such date as is practicable.

Annual Interim Progress Review

An interim review of employee performance should occur approximately midway through the designated performance period.

Working Test/Permanent Status Review

A working test/permanent status review should be held just prior to the classified employee's permanent status effective date.

Other Reviews

The supervisor may wish to use the MRF to document other reviews that occur during the performance cycle; for example, performance reviews are recommended quarterly or as needed when the employee is experiencing difficulty in performing at the expected level.

Please note:

- (1) A review documented on the Management Review Form (MRF) must be based on the employee's performance plan.
- (2) The MRF cannot be used to document a salary increase decision; a full evaluation, documented on the Performance Management Form (PMF) is required for the annual performance evaluation that determines salary increase recommendations.
- (3) If an employee has been evaluated on the Performance Management Form for a salary increase decision no more than 90 days prior to the permanent status effective date, completion of a MRF is not required for documenting the award of permanent status.

Definition of Performance Status Codes

M = Meets Expectations

(Performance has been acceptable for the time the employee has been on the performance plan.)

E = Exceeds Expectations

(Performance has been exceptional for the time the employee has been on the performance plan.)

NI = Needs Improvement

(Performance in this area must improve in order to reach an acceptable level.)

NA = Not Applicable

(The responsibility was not assigned during this period or there was no opportunity to observe it.)

Completing the Form

- (1) At the top of the form, indicate type of review being completed.
- (2) Fill in employee and agency identifying information.
- (3) Under Job and Individual Responsibilities, fill in the first few words of each responsibility statement from the performance plan, and then check the appropriate box to indicate performance status.
- (4) In the section headed Recognition/Comments, enter any positive comments (e.g., examples of outstanding performance) that apply to the employee's performance for the period of review.
- (5) Under Performance/Terms and Conditions Improvements Needed, describe any performance problems or shortcomings that need to be addressed in order to improve job performance.
- (6) In the Development Goals section, describe specific actions that need to be taken to address problems and improve performance.
- (7) If purpose of the review is to document awarding of permanent status, enter a checkmark in the "Permanent Status Approved" box.
- (8) Enter signatures and dates as indicated and follow agency policy for filing and distribution of copies.

- Working Test Mid-Point Review
- Working Test/Permanent Status Review

MANAGEMENT REVIEW FORM

- Interim Progress Review
- Other Review

| | | | | | | | | | | | |
|---|--|-----------------|-----|---------------|---|--|--|----|--|---------------------------------|--|
| Name | | Employee ID. | | | | Hire/Promotion Date | | | | | |
| Class/Job Title | | Position No. | | | | Review Date | | | | | |
| Company (Agency) | | Department Name | | Department ID | | Review Period | | | | | |
| | | | | | | From | | To | | | |
| Statewide Responsibilities | | M | NI | DNM | N/A | Terms and Conditions | | | | | |
| 1. Teamwork | | [] | [] | [] | <input type="checkbox"/> | 1. Works When Scheduled | | | | | |
| 2. Customer Service | | [] | [] | [] | <input type="checkbox"/> | 2. Requests and Uses Leave Appropriately | | | | | |
| 3. Organizational Commitment | | [] | [] | [] | <input type="checkbox"/> | 3. Dresses Appropriately | | | | | |
| 4. Performance Management | | [] | [] | [] | <input type="checkbox"/> | 4. Observes Health, Safety and Sanitation Policies | | | | | |
| | | | | | | 5. Follows All Other Rules and Policies | | | | | |
| | | | | | | 6. Adheres to HIPAA Regulations | | | | | |
| Job and Individual Responsibilities (Give 4-5 word Identifier) | | M | NI | DNM | N/A | | | | | | |
| 1. | | [] | [] | [] | <input type="checkbox"/> | | | | | | |
| 2. | | [] | [] | [] | <input type="checkbox"/> | | | | | | |
| 3. | | [] | [] | [] | <input type="checkbox"/> | | | | | | |
| 4. | | [] | [] | [] | <input type="checkbox"/> | | | | | | |
| 5. | | [] | [] | [] | <input type="checkbox"/> | | | | | | |
| 6. | | [] | [] | [] | <input type="checkbox"/> | | | | | | |
| Recognition/Comments | | | | | | | | | | | |
| Performance/Terms and Conditions Improvements Needed | | | | | | | | | | | |
| Developmental Goals | | | | | | | | | | | |
| I have discussed the contents of this form with my supervisor and have been advised of my performance status relative to the responsibilities/terms and conditions stated on my performance plan. | | | | | I have discussed the progress of this employee relative to the responsibilities/terms and conditions stated in the employee's performance plan. | | | | | Permanent Status | |
| | | | | | | | | | | Approved [] Not Applicable [] | |
| Employee's Signature | | | | | Supervisor's Signature | | | | | Reviewing Manager's Signature | |
| Date | | | | | Date | | | | | Date | |

