Hidalgo County
Civil Service Commission

PERFORMANCE AND DEVELOPMENT PLAN AND EVALUATION

Form HCCS-9 September 1995

Employee Name		Social Security Number		Job Number	
zp.oyceue		Social Security Hamber		300 110111201	
0: 10 :					
Civil Service Job Title		Functional Title (if different)		Hire Date	
Date Assigned Rater	Date Assigned Position	Date of Performance Plan	Date Evaluation Due	Period Covered by Evaluat	ion
= + + + + + + + + + + + + + + + + + + +					
				From	To

				Fro	m	1	Го	
REASON	FOR EVALUATION:	Probationar Other (spec		Annual		Confere	ence (Optio	onal)
Brief Job De	escription							
	•							
	PERFORMANCE PLA							
PRIORITY	Task Statements, Foll Performance Stand		ACTUAL A	CHIEVEMENT	S	ER	MR	NMR

PRIORITY	PERFORMANCE PLAN- List Task Statements, Followed by Performance Standard (s)	ACTUAL ACHIEVEMENTS	ER	MR	NMR

	PERFORMANCE PLAN- List				
PRIORITY	Task Statements, Followed by	ACTUAL ACHIEVEMENTS	ER	MR	NMR
	Performance Standard (s)				
Employee R	eview and Comments:				
I acknowled	ge that a copy of this performance plan has b	een shared with and provided to me o	n this da	e.	
		Signature-Employee (or witness)		Date	
		Signature-Flected Official/Department I	 		

PERFORMANCE EVALUATION

	TING FORMU nsistent with th	•	ment Head must attach justi	fication for giving an overall rating
☐Superior Performance		Exceeds Requirements	Meet Requirements	Does Not Meet Requirements
Superior:	At le	umber one tasks are rated as "E ast one half of all other tasks are emaining tasks are rated at least	e rated as "Exceeds Requirer	ments"
All but one number one tasks are rated as "Exceeds Requirements" (one number one tasks are rated as "Meet Requirements"). All remaining tasks are rated at least as "Meet Requirements."				
Meets:		umber one tasks are rated at lea an one of the remaining tasks a	•	
Does Not:	*Any numbe	r one task or two or more of the	e remaining tasks are rated a	s "Does Not Meet Requirements."
usually when an		"Meets Requirements" on any task ma mproved to an adequate level of perfor ployee.		
COMMENTS	: (May be used	for Elected Official/Department	t Head comments on overall	rating formula.)
	or deviations. If	•		rk rules. Record statements about les, submit a narrative report by
FOR POSITIO	ONS WITH PRI	MARY DUTIES OF DRIVING:		
Is drivar's lica	nse current and	lvalid? Yes No i	fives give date that validity y	was verified:

RECOMMENDATION AND OTHER SIGNIFICANT COMMENTS: Record here a specific recommendation, such as change to regular status, retain at regular status, or place on department probation. Record here any additional significant items which are not recorded elsewhere in this document.

EMPLOYEE DEVELOPMENT PLAN

EMPLOYEE STRENGHTS, ACCOMPLISHMENTS, AND GOALS: Give the employee's caccomplishments. Indicate employee's present and/or future goals.	current strengths and
DEVELOPMENT NEEDS: List any areas in which employee needs to develop to meet conhance career opportunities.	urrent job responsibilities and/o
Amunice cureer opportunities.	
ACTION PLANS: List specific actions, courses, training, etc., planned to meet these devented in the second state of the second s	elopment needs. Indicate when

PREVIOUS ACITON PLANS (if apother prior rating period.	plicable): Enter the spe	cific results achieved under the employee	s's development plan fo
	Sign	nature-Elected Official/Department Head	Date
-	•	oyee wishes to do so, any comments of isagreement) may be indicated in the	_
have read this performance evaluatio		I herby certify this performance evaluat was presented to(en	ion () pages
nead. My signature means that I have performance status and does not neces agree with this evaluation.	been advised of my	the employee refused to sign the evalua	
Signature-Employee	 Date	Signature-Witness	Date