



CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES

# 2014

## Performance Plan and Appraisal Report

### I. EMPLOYEE IDENTIFICATION INFORMATION

1. LAST NAME, FIRST NAME, MIDDLE INITIAL	2. JOB CODE NUMBER AND TITLE	3. STATUS <input type="checkbox"/> Permanent (PCS) <input type="checkbox"/> Provisional (TPV) <input type="checkbox"/> Permanent Exempt (PEX) <input type="checkbox"/> Temporary Exempt (TEX) <input type="checkbox"/> Temporary Civil Service (TCS) <input type="checkbox"/> Limited Tenure (Restricted Use) (TLT) <input type="checkbox"/> Non Civil Service (Restricted Use) (NCS)
4. WORK LOCATION & DIVISION	5. DEPARTMENT	6. REASON FOR REPORT <input type="checkbox"/> Annual <input type="checkbox"/> Dept. Review Period <input type="checkbox"/> Probationary <input type="checkbox"/> Unscheduled
	7. REVIEW PERIOD	8. PROBATION START AND END DATE

## II. PERFORMANCE PLAN – JOB DESCRIPTION

### REVIEW OF DUTIES & RESPONSIBILITIES BASED ON JOB DESCRIPTION

FUNCTIONAL/WORKING TITLE	
1.	COMMENTS:
2.	COMMENTS:
3.	COMMENTS:
4.	COMMENTS:
5.	COMMENTS:
6.	COMMENTS:
7.	COMMENTS:
8.	COMMENTS:
9.	COMMENTS:
10.	COMMENTS:
11.	COMMENTS:

12. <b>Statement of Incompatible Activities:</b> Fully comply with the department's Statement of Incompatible Activities as approved by the Ethics Commission. Compliance includes, but is not limited to: Restrictions on Incompatible Activities; Restrictions on Use of City Resources, City Work-Product and Prestige; and Prohibition on Gifts for Assistance with City Services.	<b>COMMENTS:</b>
13. <b>Use of City and County Resources for Business Purposes Only:</b> All City equipment, devices, and materials (i.e., photocopiers, telephones, computers, vehicles, stationery, fax machines, email accounts, etc.) must be used only for conducting City business.	<b>COMMENTS:</b>
14. <b>DSW Preparedness:</b> Take all necessary steps to prepare yourself for an emergency, in your capacity as a Disaster Service Worker; provide updated personal contact information to your department so that you can be contacted in the event of an emergency; report in and respond promptly to instructions by the City and/or your department in the event of an emergency; participate in any drills or emergency exercises as notified; and carry out disaster-related work assignments as required.	<b>COMMENTS:</b>
15. <b>DSW Training:</b> Complete DSW and Personal Preparedness training. Complete NIMS training as assigned.	<b>COMMENTS:</b>
16. <b>Customer Service:</b> As a representative of the City, be efficient, professional, accountable, and courteous in your interactions with the public, fellow employees, and external business partners.	<b>COMMENTS:</b>
17. <b>Attendance:</b> Regular and prompt attendance is required for your job. All planned absences must be requested and approved in advance. For illness, emergencies or other unplanned and unforeseeable absences, notify your supervisor as soon as possible, but no later than the beginning of the work day on the first day of the absence	<b>COMMENTS:</b>
18. <b>Compliance with Rules, Policies and Procedures:</b> Fully comply with all Departmental rules, policies and procedures. Also comply with City rules and policies in the Employee Handbook including, but not limited to: Policy on Equal Employment Opportunity; Policy on Equal Opportunity and Reasonable Accommodation for Individuals with Disabilities; Policy Prohibiting Harassment; Policy Prohibiting Employee Violence in the Workplace; Policy Regarding the Treatment of Co-Workers and Members of the Public; Responsibility for Responding to and Reporting Discrimination, Retaliation and Harassment; Reporting and Responding to Workforce Violence; etc.	<b>COMMENTS:</b>

### III. PERFORMANCE PLAN – KEY OBJECTIVES

Departmental Goal #1: (specify)	
1.	REVIEW OF PERFORMANCE:
2.	REVIEW OF PERFORMANCE:

Departmental Goal #2: (specify)	
1.	REVIEW OF PERFORMANCE:
2.	REVIEW OF PERFORMANCE:

Departmental Goal #3: (specify)	
1.	REVIEW OF PERFORMANCE:
2.	REVIEW OF PERFORMANCE:

## IV. APPRAISAL REPORT SUMMARY

### A. OVERALL PERFORMANCE RATING

The appraisal report on overall performance should include a consideration of all items in the Job Description, Departmental policies and procedures, and the Performance Plan's Key Objectives for the review period. Circle the appropriate number on the continuum.

Did Not Meet Expectations	Met Expectations	Exceeded Expectations
Performance of job duties needs improvement; did not meet many or majority of objectives.	Performed job duties competently and effectively; met the objectives. (Meets Competent and Effective requirement)	Performed job duties with exceptional competence and effectiveness; exceeded the objectives.
1	2	3

### B. COMMENTS REGARDING OVERALL PERFORMANCE

### C. EMPLOYEE GUIDELINES -- PERFORMANCE PLAN AND APPRAISAL REPORT

1. Employee should review his/her employee organization's Memorandum of Understanding with the City and County of San Francisco for information that may add to or modify the following list of guidelines.
2. Employee has the right to read the Performance Plan and Appraisal Report.
3. Employee has the right to receive a copy of the Performance Plan and Appraisal Report.
4. Employee has the right to discuss the report with the Reporting Supervisor or Manager.
5. Employee has the right to attach a rebuttal to the Performance Appraisal Plan and Report. The rebuttal must be presented within 30 working days of the report date. The rebuttal should only address the items presented in the report.
6. Employee may request a conference, if requested, with the Reviewer (Reporter's supervisor or manager).

## V. SIGNATURE PAGE

### PERFORMANCE PLAN

#### A. Performance Plan/Key Objectives Sign-Off

1. REVIEWER SIGNATURE	2. REVIEW DATE	
3. SUPERVISOR SIGNATURE	4. EMPLOYEE SIGNATURE	5. MEETING DATE

#### B. Mid-Period Performance Review Meeting

1. SUPERVISOR SIGNATURE	2. EMPLOYEE SIGNATURE	3. MEETING DATE
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### PERFORMANCE APPRAISAL REPORT

#### C. Reviewer's Certification

1. NAME, WORK LOCATION	2. JOB CODE NUMBER AND TITLE	
3. I CERTIFY THAT I HAVE REVIEWED THIS REPORT. (Signature)		5. DATE

#### D. Reporting Supervisor/Manager

2. NAME, WORK ADDRESS	2. JOB CODE NUMBER AND TITLE	
3. DATE OF CONFERENCE WITH EMPLOYEE	4. SIGNATURE	5. DATE

#### E. Employee's Statement

1. <input type="checkbox"/> I AGREE WITH THIS REPORT. <input type="checkbox"/> I DO NOT AGREE WITH THIS REPORT: SECT. _____ NO. _____ <input type="checkbox"/> I HAVE ATTACHED A REBUTTAL. <input type="checkbox"/> I HAVE ATTACHED A REBUTTAL AND REQUEST A CONFERENCE WITH THE REVIEWER.	2. CONFERENCE DATE 3. SIGNATURE CERTIFIES I HAVE READ THE REPORT <input type="checkbox"/> DECLINED TO SIGN. DATE:
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## VI. EXPLANATIONS OF SECTIONS

**I. EMPLOYEE IDENTIFICATION INFORMATION** — Basic information about the employee, his/her status, and the review period.

**II. PERFORMANCE PLAN: JOB DESCRIPTION** — A list of the duties and responsibilities based on the job description. Comments may include clarification of job description items, address mid-year progress, and appraise the performance of the duties and responsibilities. If appropriate, the job description may be a source of Key Objectives for the review period.

**III. PERFORMANCE PLAN: KEY OBJECTIVES** — Most important objectives for the review period and comments regarding the appraisal of the performance of the objectives.

### IV. APPRAISAL REPORT SUMMARY

**A. Overall Performance Rating** — Reporting Supervisor's/Manager's rating of the employee's overall performance over the appraisal review period.

**B. Comments Regarding Overall Performance** — Narrative explanation of the rating of overall performance during the appraisal report review period.

- |  |                                      |  |
|--|--------------------------------------|--|
| ◆ Demonstration of Dept values           | ◆ Attendance And Punctuality         | ◆ Effectiveness Of Working With Others |
| ◆ Overall Performance of Job Description | ◆ Quantity Of Work Performed         | ◆ Use Of Materials And Equipment       |
| ◆ Results of Performance Objectives      | ◆ Quality Of Work Performed          | ◆ Safety                               |
| ◆ Knowledge Of Job                       | ◆ Adaptability To The Work Situation | ◆ Performance Plans                    |
| ◆ Employee's Strengths                   |                                      |  |
| ◆ Achievements                           |                                      |  |

In addition to the areas above, the following areas may be addressed for supervisors/managers:

- |                                  |                                 |                   |
|----------------------------------|---------------------------------|-------------------|
| ◆ Communication                  | ◆ Planning                      | ◆ Decision Making |
| ◆ Directing and Motivating Staff | ◆ Training and Developing Staff |                   |

**C. Employee Guidelines** — Guidelines for employees regarding the Performance Plan and Appraisal Report.

### V. SIGNATURE PAGE

**A. Performance Plan/Key Objectives Sign-Off** — Signatures of the supervisor and the employee, the date they met to finalize the plan, the signature of the reviewer, and the date of the review.

**B. Mid-Period Performance Review Meeting** — Signatures of the supervisor and the employee and the date they met to review progress on the plan.

**C. Reviewer's Certification** — Information regarding the reviewer of the report. This is the person who directly supervises the reporting supervisor/manager.

**D. Reporting Supervisor/Manager** --Information regarding the reporting supervisor/manager of the report. This is the person who directly supervises the employee's performance.

**E. Employee's Statement** — Employee's opportunity to respond to the PPA Report using a checklist, signature and date. Signing the report only certifies that the employee has read it. It does not indicate, unless marked, that the employee agrees with the report.

**VI. EXPLANATION OF SECTIONS** — Basic information about what should be included in each section of the Performance Plan and Appraisal Report.