



TRANSFER PERFORMANCE EVALUATION FORM

The supervisor must complete a transfer performance evaluation for an employee being transferred, promoted, or demoted, if the employee reported to the supervisor for at least ninety (90) calendar days. If the supervisor is transferring or separating from County Government, they must also complete transfer performance evaluations for all direct reports they have supervised for at least ninety (90) days.

Form Instructions

- **STEP 1: Supervisor** completes, signs, and emails PDF version of this form to Agency Performance Manager
- **STEP 2: Agency Performance Manager** reviews, signs, and emails form to Appointing Authority
- **STEP 3: Appointing Authority** reviews, signs, and emails form to Agency Performance Manager
- **STEP 4: Agency Performance Manager** renames form as “[Transfer Month Year] Transfer Evaluation – [LastName], [FirstName] – [Employee ID]”
- **STEP 5: Agency Performance Manager** emails form to supervisor and Office of Human Resources Management to document as part of employee’s personnel file
- **STEP 6: Agency Performance Manager** uploads form to employee’s profile in NEOGOV Perform

SECTION 1: Transfer Details

Transfer Type	A. <input type="checkbox"/> Employee transferring to different supervisor B. <input type="checkbox"/> Supervisor transferring to different position or Agency C. <input type="checkbox"/> Supervisor separating from County Government
Effective Date of Transfer	Click or tap to enter a date.

SECTION 2: Supervisor Information

Supervisor Name Click or tap here to enter text.		Employee ID # Click or tap here to enter text.	
Class Title Click or tap here to enter text.	Grade Click or tap here to enter text.	Position No. Click or tap here to enter text.	
Department/Division Click or tap here to enter text.	Agency Click or tap here to enter text.		

SECTION 3: Employee Information

Employee Name Click or tap here to enter text.		Employee ID # Click or tap here to enter text.	
Class Title Click or tap here to enter text.	Grade Click or tap here to enter text.	Position No. Click or tap here to enter text.	
Department/Division Click or tap here to enter text.	Agency Click or tap here to enter text.		

SECTION 4: Transfer Performance Evaluation

Performance Goals

1. List the employee's performance goals for the fiscal year
2. Check the appropriate box beside each goal to assign a rating
3. Provide comments below each performance goal

		Does Not Meet Expectations (1)	Needs Development (2)	Meets Expectations (3)	Exceeds Expectations (4)
1	Performance Goal: Click or tap here to enter text. Comments: Click or tap here to enter text.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2	Performance Goal: Click or tap here to enter text. Comments: Click or tap here to enter text.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3	Performance Goal: Click or tap here to enter text. Comments: Click or tap here to enter text.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4	Performance Goal: Click or tap here to enter text. Comments: Click or tap here to enter text.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5	Performance Goal: Click or tap here to enter text. Comments: Click or tap here to enter text.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Employee Competencies

1. Check the appropriate box beside each goal to assign a rating
2. Provide comments below each competency

		Does Not Meet Expectations (1)	Needs Development (2)	Meets Expectations (3)	Exceeds Expectations (4)
1	Accountability Comments: Click or tap here to enter text.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2	Collaboration Comments: Click or tap here to enter text.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3	Communication Comments: Click or tap here to enter text.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4	Integrity Comments: Click or tap here to enter text.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Supervisor Competencies (only for employees with direct reports)

1. Check the appropriate box beside each goal to assign a rating
2. Provide comments below each competency

		Does Not Meet Expectations (1)	Needs Development (2)	Meets Expectations (3)	Exceeds Expectations (4)
1	Adaptability Comments: Click or tap here to enter text.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2	Decision Making Comments: Click or tap here to enter text.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3	Completion of Employee Evaluations Comments: Click or tap here to enter text.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

AVERAGE OVERALL RATING: 0.00

OVERALL RATING: ☐ Does Not Meet Expectations (1.00 – 1.50) ☐ Needs Development (1.51 – 2.50) ☐ Meets Expectations (2.51 – 3.50) ☐ Exceeds Expectations (3.51 – 4.00)

Overall Comments: Click or tap here to enter text.

SECTION 5: Signatures

Supervisor's Full Name	Supervisor's Signature	Date
Agency Performance Manager's Full Name	Agency Performance Manager's Signature	Date
Appointing Authority's Full Name	Appointing Authority's Signature	Date