



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CIVIL SERVICE COMMISSION
OFFICE OF PERSONNEL MANAGEMENT**



PERFORMANCE RATING REPORT

OPM-07

A. EMPLOYEE DATA:							
1. Name (Last, First, Middle Initial):				2. Employee No.:			
3. Department / Organization:			4. Period Covered. From: _____ To _____				
5. Position / Title:		6. Position Description No.:		7. Pay Level / Step:			
B. INSTRUCTIONS: Rating Supervisors are responsible for completing this form and securing the signature of the employee. To rate properly, you must review and understand Section C and F below and Part VIII of the PSSR&R. Upon completion, the Rating Form must be submitted to OPM within fifteen(15) calendar days after the employee's anniversary date, together with a written justification to justify any "Unsatisfactory" or "Exceptional" rating given to the employee.							
C. PERFORMANCE RATING FACTORS:				D. RATING: Mark Your Rating with an "√"			
Rating Elements	Rating Explanations		UNSAT.	Below SAT.	SAT.	Above SAT.	EXCEPT.
1. Volume of Work	Degree to which quantity of work is performed and measured.	Amount of work produced and the rate of progress performed as compared to job standards, requirements & expectations.					
2. Quality of Work	Degree to which quality of work is performed and measured	Level of accuracy, precision and completeness of work as compared to job standards, requirements & expectations.					
3. Work Habits	Degree to which a certain work habits / behavior is performed and measured	Manner in which work is organized. Level of conformance to office rules, regulations, standards & procedures. Level of cooperation, courtesy, respect, tactfulness, and job dependability.					
4. Work Attitudes	Degree to which certain opinion, perception, etc., is demonstrated and measured	Level of enthusiasm at work, acceptance of supervision, adaptability to changing work conditions, willingness to accept job responsibilities and assignments.					
5. Supervisory Skills & Abilities	Degree to which certain leadership skills & abilities in getting work done are performed and measured.	Level of effectiveness in setting work standards, delegating and reviewing the work of subordinate employees. Ability to plan, organize and get work done.					
6. Others (Specify)							
E. CERTIFICATIONS:		Signature and Date of Employee:				Disagree:	
Signatures certifies that signatories have reviewed and acknowledge the Performance Rating Report.		Signature and Date of Rating Supervisor:					
		Signature and Date of Chief or Equivalent:					
		Signature and Date of Department or Activity Head:					
F. DEFINITIONS:				G. RATING APPEAL:			
Unsatisfactory - Employee consistently failing to meet job standards, requirements & expectations; Below Satisfactory - Employee sometimes failing to meet job standards, requirements & expectations; Satisfactory - Employee consistently meeting job standards, requirements & expectations; Above Satisfactory - Employee sometimes exceeding job standards, requirements & expectations; Exceptional - Employee consistently exceeding job standards, requirements & expectations;				In the event the employee disagrees with any of the performance rating, he/she must submit a statement of disagreement within thirty(30) calendar days after date of signature to the Director of Personnel.			
Distributions: Employee - White Copy / Department - Green Copy / OPM - Pink Copy							