



State of Florida  
Department of Environmental Protection

### PERFORMANCE PLANNING & EVALUATION FORM

**NOTE:** Double click the footer at the bottom of this page to enter the employee's name and PF ID No. This information will carry over on each page of the form.

Employee Name: \_\_\_\_\_ People First ID Number: \_\_\_\_\_  
Class Title: Environmental Specialist II Position Number: \_\_\_\_\_  
Division: Southwest District Location: Temple Terrace  
Bureau: Waste Management Status: CS  SES  SMS   
Rater's Name: (please type) \_\_\_\_\_ Phone Number: (813)632-7600

Performance Evaluation Period Covered From: 04/01/2012 To: 08/31/2012  
Evaluation type (check one)  Probationary  Annual  Special  
 If applicable, Extension of Probationary Period From: \_\_\_\_\_ To: \_\_\_\_\_

#### PERFORMANCE PLANNING

The planning portion of this form is intended to be used by the rater to identify, review, and discuss specific performance expectations on which the employee shall be evaluated and for which the employee is responsible for achieving during the evaluation period. The rater shall also review the overall and individual rating scales with the employee during the performance planning session. The expectations developed during performance planning are not intended to account for all assignments and work expectations, only those identified as critical or a higher priority.

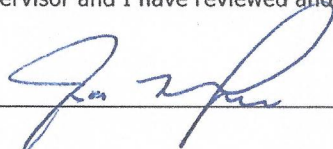
#### Performance Expectations

Performance Expectations are statements that describe satisfactory performance of essential duties or responsibilities listed in the position description or satisfactory demonstration of attributes or values that the agency deems necessary for the accomplishment of its core missions. The following chart explains the expectations by which the employee shall be evaluated and rated for the evaluation period covered by this form. The first two Performance Standards are required for all DEP Employees.

Employee Name: \_\_\_\_\_ People First ID Number: \_\_\_\_\_

This is to acknowledge that my supervisor and I have reviewed and discussed the evaluation and rating for the evaluation period covered by this form.

Rater's Signature: \_\_\_\_\_



Date: \_\_\_\_\_

9/27/2012

Rater's Comments (optional):

The reduction in score from the previous evaluation period does not reflect a reduction in work performance, but represents a recalibration in the performance evaluation scoring process throughout the Department.

Reviewer's Signature: \_\_\_\_\_

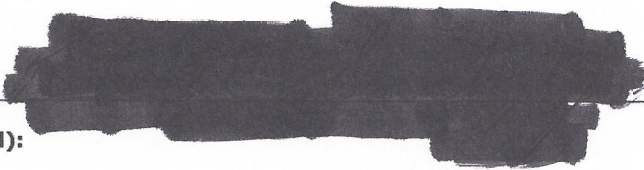


Date: \_\_\_\_\_

9/27/12

Reviewer's Comments (optional):

Employee's Signature: \_\_\_\_\_



Date: \_\_\_\_\_

9/27/12

Employee's Comments (optional):

Employee Name: \_\_\_\_\_



People First ID Number: \_\_\_\_\_

