# FORM A
## PERFORMANCE EVALUATION/SALARY ADJUSTMENT/RETENTION FORM
### UNCLASSIFIED STAFF

Form No. 01-1200-05a [Rev 11/07]

Check the appropriate space(s): ____ Performance Evaluation ____ Salary Adjustment ____Retention

Name: _____ Position:_____
(Staff Member)

Department:_____ Percent of time in department:_____

Supervisor's Name:_____ Position:_____

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**Supervisor's Recommendation:** (based on criteria established by supervisor and employee)

Performance: _____ Less than satisfactory _____ Satisfactory _____ Merit

Salary Adjustment: _____Less than satisfactory _____ Satisfactory _____ Merit

Retention: _____Retain _____Non-retain

_____ _____
Supervisor's Signature Date

_____ _____
Staff Member's Signature Date

(Signature of staff member being evaluated means only that s/he has had an opportunity to review the evaluation. It does not necessarily imply agreement with the supervisor's evaluation.

Staff member's comments: (optional)

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Tab To Here and Print Document

**Recommendation of Cabinet Officer:**

Performance: _____ Less than satisfactory _____ Satisfactory _____ Merit

Salary Adjustment: _____ Less than satisfactory _____ Satisfactory _____ Merit

Retention _____ Yes _____ No

Cabinet Officer Signature: _____ Date: _____

Clear Form