



City of St. Louis

Working Test Period Service Rating

For all Employees in the Classified Service

PD-204A (Rev. 06/24/07)

1. Employee Name:
2. Rating Period:
3. Department and Division:
4. Job Class Title:

PURPOSE

The Service Rating process is intended to promote the effective and economical operation of the City of St. Louis by serving as a critical element of the City's employee performance management system. This form is designed to comply with Section 3(h) of Amended Article XVIII of the Charter of the City of St. Louis. Service Ratings must be completed and submitted by the departments according to the procedures outlined in the Service Rating Manual, and shall be given consideration in personnel-related employment decisions such as examinations and promotions. This form also serves as a development tool to facilitate discussion between supervisors and their employees about ways to improve performance, based on established standards of performance.

RATING FORM INSTRUCTIONS

1. Review the Service Rating Manual, specifically the "Procedures for Successful Rating Form Completion" section, for detailed instructions.
2. Payroll personnel must fill in **Items 1-4**.
3. The **First Rater** should review **Items 1-4** for accuracy and then complete **Items 5-16** (include **Items 12 and 13** only for Supervisory Employees) and sign the rating in **Item 17**.
4. The **Second Rater** should review the First Rater's evaluation, and then add to **Items 5-16**, if necessary (include **Items 12 and 13** only for Supervisory Employees), and sign the rating in **Item 17**.

An explanation must be included in the section titled "**Justification/Comments**" for each factor in the case of a "Highly Successful" or "Unsuccessful" rating, documenting the reason for the rating in behaviorally specific terms.

5. The **First Rater** must complete **Item 18** and **discuss the Service Rating** with the employee, and at the end of the conference the **employee** may fill out **Item 19** (optional). The **employee** must then sign in **Item 20** and verify correct residency information.
6. Forward to the **Appointing Authority** for completion of **Item 21**.
7. Make a copy of the Service Rating for the employee, with the date that the copy was given to the employee noted in **Item 22**. Make a copy for the agency's records and send the original to the Department of Personnel. The original must be received by Department of Personnel within thirty (30) calendar days of the date indicated in Item 2 of the Service Rating.
8. The use of white-out on service rating forms is prohibited. Any changes to the original Service Rating must be circled and initialed by the individual making the change.



DEFINITIONS

Highly Successful: Achieves a superior level of performance by consistently **exceeding** all expectations related to the specific performance factor; consistently exceeds established performance standards; a truly top performer.

Successful: Consistently and reliably **meets** expectations related to the specific performance factor; performance standards are fully met with no significant performance deficiencies.

Unsuccessful: Fails to consistently meet expectations related to the specific performance factor; performance standards are not consistently met. Employees receiving an Overall Rating of Unsuccessful will not be granted permanent status.

Factors Affecting Performance	Rater	HS	S	U
5. CUSTOMER SERVICE: Displays friendly, courteous, respectful behavior toward both internal and external customers. Listens patiently and attentively to determine customer needs, sees actions through to completion or suggests reasonable alternative(s) if unable to do what customer wants. Committed to delivering product and services in a way that reflects positively upon the department and the City.	1 st			
	2 nd			
Justification/Comments:				
6. INTERPERSONAL SKILLS: Willingly works with and assists others. Shares information and resources to maximize their benefits. Works to improve his/her department/work unit rather than just his/her area of individual responsibility. Approaches differences with others in a positive, problem-solving manner.	1 st			
	2 nd			
Justification/Comments:				
7. JUDGMENT: Exercises good problem solving skills. Determines which problems to handle independently and which to refer to supervisor or other personnel. Demonstrates sound decision-making process. Exercises discretion, observes confidentiality, and accepts responsibility for one's own actions.	1 st			
	2 nd			
Justification/Comments:				
8. PRODUCTIVITY: Produces the amount of work expected of the position. Completes work in a timely fashion. Establishes appropriate priorities for fulfilling various job tasks. Meets established deadlines. Executes work in a productive and efficient manner.	1 st			
	2 nd			
Justification/Comments:				
9. QUALITY: Performs work accurately and without excessive need for revision after review. Is attentive to important details. Does not get bogged down in unnecessary detail. Identifies problems at an early stage and takes corrective action. Supports quality improvement efforts.	1 st			
	2 nd			
Justification/Comments:				



Factors Affecting Performance (cont.)		Rater	HS	S	U
10. SAFETY: Has learned applicable safety rules and ergonomic principles, and uses any necessary personal protective equipment to perform his/her job. Exercises safe job performance and implements the necessary ergonomic principles to reduce job hazards. Works with and encourages coworkers to perform their job safely.	1 st				
	2 nd				
Justification/Comments:					

11. WORK HABITS: Complies with established work rules, policies, and procedures. Uses care with City property. Complies with City's Code of Conduct as well as all other professional ethics. Takes initiative, utilizes time effectively, and avoids unscheduled absence.	1 st				
	2 nd				
Justification/Comments:					

For Supervisory Employees Only		Rater	HS	S	U
12. PERFORMANCE MANAGEMENT: Provides clear performance objectives and standards for subordinates. Gives subordinates frequent and timely performance feedback. Completes accurate Service Ratings for subordinates in a timely manner. Encourages the development of subordinates based on past performance. Communicates with employees in a professional manner. Creates a motivational environment for staff.	1 st				
	2 nd				
Justification/Comments:					

13. PROJECT MANAGEMENT: Effectively plans and lays out work. Provides appropriate level of guidance, organization, and direction to subordinates. Supervises and follows up on assignments to ensure proper levels of performance from workgroup. Deals appropriately with customers regarding unsatisfactory work by subordinates. Accomplishes stated objectives within designated time frame.	1 st				
	2 nd				
Justification/Comments:					

Overall Rating		Rater	HS	S	U
14. OVERALL RATING: Indicate your general rating of the employee's total work performance during the evaluation period. For non-supervisory employees, consider ratings on Items 5-11. For supervisory employees, consider Items 5-13.	1 st				
	2 nd				
Justification/Comments:					

15. Professional Development (Add additional sheets if necessary) List actions discussed with employee to address performance deficiencies, or to further develop employee's potential. This section must be used for UNSUCCESSFUL factor ratings that <u>do not</u> result in OVERALL RATING of UNSUCCESSFUL .					
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16. Recommendation Regarding End of Working Test Period

First Rater: Grant Permanent Civil Service Status Extend Working Test Period to _____ Terminate for Failing Working Test Period

Second Rater: Grant Permanent Civil Service Status Extend Working Test Period to _____ Terminate for Failing Working Test Period

Note: (A) The Appointing Authority makes this determination (see item 21 below). (B) The Working Test Period is limited to eleven (11) months.

17. Raters' Signatures

I hereby certify that this Service Rating is an accurate record of this employee's performance during the current rating period. I have provided **Comments/Justification** in **Items 5-14** for current "Highly Successful" or "Unsuccessful" ratings.

First Rater: _____ (Signature) _____ (Title) _____ (Date)

Second Rater: _____ (Signature) _____ (Title) _____ (Date)

18. License or Registration (to be verified & completed by First Rater)

If position requires a license, registration, certification, etc., complete the following:

_____ (State or Agency granting license, certification, etc.) _____ (License/Registration Number) _____ (Expiration Date)

19. Employee Remarks (This rating cannot be appealed. Express any disagreement in this space.)

20. Certification by Employee

I hereby certify that I have personally reviewed this Service Rating. My signature does not indicate agreement with this rating. I certify that information provided in **Item 18** is correct, and that the address and phone number reported in this Item is my current address and phone number.

_____ (Signature of Employee) _____ (Address of Residence with ZIP) _____ (Phone)

Section 2 of Article VIII of the City Charter requires all City Employees reside in the corporate limits of the City of St. Louis. For any additional information refer to Department of Personnel Administrative Regulation # 114.

Is the above address and phone number the same as your current address and phone number on file?

_____ (Yes) _____ (No) _____ (Date) (If **No**, see your payroll clerk immediately to update)

21. Appointing Authority Certification

Appointing Authority Remarks/Action:

A. OVERALL RATING: Highly Successful Successful Unsuccessful

B. PERMANENT STATUS: Extend Working Test Period to _____ Failed Working Test Period-Removed on _____

Grant Permanent Civil Service Status

_____ (Signature of Appointing Authority) _____ (Title) _____ (Date)

22. Date Copy of Rating was Given to Employee

Date: _____