

COLORADO DEPARTMENT OF TRANSPORTATION PERFORMANCE DOCUMENTATION FORM



Employee Name	/	Personnel #	
Employee Org Unit			
Supervisor Name		Personnel #	

Use this form to document instances of both *positive* and *negative* employee performance to be used in evaluating the employee's overall job performance during a rating period.

Purpose for Documentation	
<input type="checkbox"/> Commendation	<input type="checkbox"/> Remediation

Competency Areas				
<input type="checkbox"/> Safety	<input type="checkbox"/> Prof/Technical	<input type="checkbox"/> People Skills	<input type="checkbox"/> Administration	<input type="checkbox"/> HR Management

Date of Event	Time of Event	Shift
Location of Event		
Details of Event (Describe what happened, who was involved, etc.)		
Did Others Observe the Event? <input type="checkbox"/> No <input type="checkbox"/> Yes Who?		

Source(s) of Information (check all that apply)	
<input type="checkbox"/> Personal observation	
<input type="checkbox"/> Statement from employee	
<input type="checkbox"/> Interviews/Reports from others (please list)	
<input type="checkbox"/> Document(s) (please list)	
<input type="checkbox"/> Other (please list)	

Action Taken (check all that apply)	
<input type="checkbox"/> Discussed with employee & issued this form	<input type="checkbox"/> Referred employee and/or issue to EEO
<input type="checkbox"/> Verbally commended employee	<input type="checkbox"/> Developed training plan for employee
<input type="checkbox"/> Verbally reprimanded employee	<input type="checkbox"/> Recommended corrective/disciplinary action
<input type="checkbox"/> Referred employee to next level supervisor	<input type="checkbox"/> Advised empl. of grievance/complaint process
<input type="checkbox"/> Other (explain)	

Employee Signature	Date
Supervisor Signature	Date