

Working Test Mid-Point Review  
 Working Test/Permanent Status Review

## MANAGEMENT REVIEW FORM

Interim Progress Review  
 Other Review  
 MS 10-61 (1/03)

Name	Employee ID.	Hire/Promotion Date		
Class/Job Title	Position No.	Review Date		
Agency	Work Unit	Department ID	Review Period from _____ to _____	
<b>Statewide Responsibilities</b>		<b>Terms and Conditions</b>		
1. Teamwork	NI [ ] M [ ] N/A [ ]	1. Works When Scheduled	NI [ ] M [ ] N/A [ ]	
2. Customer Service	[ ] [ ] [ ]	2. Requests and Uses Leave Appropriately	[ ] [ ] [ ]	[ ] [ ] [ ]
3. Organizational Commitment	[ ] [ ] [ ]	3. Dresses Appropriately	[ ] [ ] [ ]	
		4. Observes Health, Safety and Sanitation Policies	[ ] [ ] [ ]	
		5. Follows All Other Rules and Policies	[ ] [ ] [ ]	
<b>Job and Individual Responsibilities</b> (Give 4-5 word Identifier)				
1.			NI [ ] M [ ] N/A [ ]	
2.			[ ] [ ] [ ]	
3.			[ ] [ ] [ ]	
4.			[ ] [ ] [ ]	
5.			[ ] [ ] [ ]	
6.			[ ] [ ] [ ]	
Recognition/Comments				
Performance/Terms and Conditions Improvements Needed				
Developmental Goals				
I have discussed the contents of this form with my supervisor and have been advised of my performance status relative to the responsibilities/terms and conditions stated on my performance plan.		I have discussed the progress of this employee relative to the responsibilities/terms and conditions stated in the employee's performance plan.		Permanent Status Approved [ ]
_____		_____		_____
Employee's Signature	Date	Supervisor's Signature	Reviewing Manager's Signature	Date

