

STATE OF NORTH CAROLINA

JUDICIAL BRANCH OF GOVERNMENT
Human Resources Division

**EMPLOYEE PERFORMANCE
APPRAISAL SUMMARY**

(ADMINISTRATIVE SUPPORT TO JUDGES
LEGAL SUPPORT - DISTRICT ATTORNEYS/
PUBLIC DEFENDERS)

INSTRUCTIONS: Finalize the annual Employee Performance Appraisal form. Then complete and forward **this Performance Appraisal Summary form only** to the Administrative Office of the Courts, Human Resources Division, Courier Box 56-10-50, Raleigh, NC, OR, if courier is not available, mail to P. O. Box 2448, Raleigh, NC 27602.

Name Of Employee (First, MI, Last)	Social Security No.	Employee Classification Title		
Name Of Evaluating Supervisor		Title		
Name Of Hiring Authority	Position Location:	Division	District No.	County

OCCUPATIONAL GROUPS
<input type="checkbox"/> (J)Administrative Support To Judges
<input type="checkbox"/> (L)egal Support - D.A./P.D.

PERFORMANCE		
Area	Importance	Rating
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
OVERALL RATING		

Rating Period Ending Date _____

EXTENSION OF RATING PERIOD: Please explain the reason for extending the rating period.

CERTIFICATION

I, the undersigned employee, certify that this performance appraisal has been discussed with me and I have been given the opportunity to comment in writing. I understand that my signature does not constitute agreement.

Date Of Review	Signature Of Employee
Date Of Review	Signature Of Evaluating Supervisor
Date Of Review	Signature Of Hiring Authority