

EOCMT FORM 6 - VOLUNTARY PERFORMANCE RATING

INSTRUCTIONS: The immediate job supervisor will prepare and review this form with and only at the request of an individual responding under the EOC MANAGEMENT TEAM Plan. If the rating form is signed this indicates concurrence with the rating and it will be forwarded to OES/FW for evaluation. This document is not confidential.

**THIS RATING IS VOLUNTARY AND MAY BE USED AS CREDIT TOWARD STATE EMERGENCY MANAGEMENT TRAINING AND CREDENTIALING.
THIS FORM IS ONLY TO BE PROVIDED TO THE REQUESTING AGENCY EOC MANAGEMENT TEAM COORDINATOR FOR RECORDING AND CREDENTIALING**

| | | | | |
|---|--|------------------------------------|-----------|--|
| 1. Name | | 2. Incident Name and Number | | |
| 3. Home Jurisdiction & Address | | 4. Location of Assignment | | |
| 5. Position | 6. Date of Assignment From: To: | 7. Type of event | 8. | |

9. Evaluation

Enter X under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows:
0 – Deficient = Does not meet minimum requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.
1 - Needs to improve = Meets some or most of the requirements of the individual element. DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.
2 – Satisfactory = Employee meets all requirements of the individual element.
3 – Superior = Employee consistently exceeds the performance requirements.

| Rating Factors | DOC | | | | EOC | | | | REOC/SOC | | | | OTHER | | | |
|---|-----|---|---|---|-----|---|---|---|----------|---|---|---|-------|---|---|---|
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| Knowledge of the job | | | | | | | | | | | | | | | | |
| Ability to obtain performance | | | | | | | | | | | | | | | | |
| Attitude | | | | | | | | | | | | | | | | |
| Decisions under stress | | | | | | | | | | | | | | | | |
| Initiative | | | | | | | | | | | | | | | | |
| Consideration for personnel welfare | | | | | | | | | | | | | | | | |
| Obtain necessary equipment and supplies | | | | | | | | | | | | | | | | |
| Physical ability for the job | | | | | | | | | | | | | | | | |
| Safety | | | | | | | | | | | | | | | | |
| Other (specify) | | | | | | | | | | | | | | | | |

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| 10. Remarks | | | |
| 11. Rebuttal remarks | | | |
| 12. EOC MANAGEMENT TEAM Resource (Signature indicates request for rating to be forwarded to Stanislaus OES/FW EOC MANAGEMENT TEAM Coordinator) | | | 13. Date |
| 14. Evaluator | 15. | 16. Address | 17. Date |