

**CONFIDENTIAL**

**STATE OF NORTH CAROLINA**  
**JUDICIAL BRANCH OF GOVERNMENT**  
**Human Resources Division**

**EMPLOYEE PERFORMANCE**  
**APPRAISAL**  
**(LEGAL SUPPORT - DISTRICT ATTORNEYS**  
**AND PUBLIC DEFENDERS)**

**INSTRUCTIONS:** Complete and forward this Performance Appraisal form 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. (Last Four Digits)	Employee Classification Title	
Name Of Evaluating Supervisor			Title of Evaluating Supervisor	
Name Of Hiring Authority	Position Location	Division <input type="checkbox"/> DA <input type="checkbox"/> PD	District No.	County

**PERFORMANCE AREA RATINGS:**

**5 - Distinguished      4 - Commendable      3 - Satisfactory      2 - Marginal      1 - Unsatisfactory**

**PERFORMANCE**

Performance Area	Rating
A. Performance of Routine Work and Special Assignments	
B. Working Relationships with Office Personnel	
C. Attendance and Punctuality	
D. Public Contact and Communication	
E. Office Administrative Support	
F. Supervision and Leadership	
G. Research and Investigative Functions	
H. Case Management	

Rating Period Ending Date \_\_\_\_\_

**OVERALL RATING**  
(average of performance area ratings)



**PERFORMANCE**

Use this space for examples of work behaviors that support your rating or any other comments you wish to make about employee performance or career plans.

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