



# EMPLOYEE SERVICE RATING – DESIGNATED TIME PERIOD

## REPLACEMENT REPORT FORM INSTRUCTIONS

Fill in the top six fields for the employee as listed below:

- Date (Enter the date this rating is being completed)
- No. (Enter last four digits of employee's Social Security Number)
- Name (Enter employee's full name)
- Class (Enter the employee's current job title)
- Jurisdiction (Enter the Agency's name – examples: City of Mobile, Mobile County, MAWSS, City of Saraland, etc.)
- Department (Enter the current division or section the employee is assigned to work)

### **Print the form -**

Complete the form by marking only one rating for the employee and providing the required supervisory signature(s). Please return the completed form to the Mobile County Personnel Board by the end of the 60 day Designated Time Period (contact your Human Resources Department for the dates of your Designated Time Period).

Reminders: Attach justification statement for ratings of 1 or 4. Only one (1) service rating may be submitted per employee.

Please contact the Certifications Department of the Mobile County Personnel Department at 251-445-4558 for any questions related to the Designated Time Period or completion of this form.