



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.

Reminders: Attach justification statement for rating of 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.