**RIF-1 RETENTION POINT COMPUTATION - COVERED EMPLOYEE**

**AGENCY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PROGRAM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EIN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMPLOYEE STATUS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVERED SERVICE RECORD (Beginning with Current Position thru Last Five Years):**

**USE THIS SECTION TO DETERMINE IF THE EMPLOYEE MAY BE ELIGIBLE FOR A JOB OFFER TO ANY OTHER POSITIONS IN YOUR AGENCY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FROM**  **MO/DAY/ YR** | **TO**  **MO/DAY/YR** | **AGENCY** | **EMPLOYEE CLASS CODE** | **EMPLOYEE**  **CLASS TITLE** | **EMP. GRADE** | **POSITION #** | **EMP. STATUS** | **SALARY** |
|  | Present |  |  |  |  |  |  |  |
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**RETENTION POINTS SUMMARY: IF THE EMPLOYEE RECEIVED ANY PERFORMANCE EVALUATIONS DURING THE 24 MONTHS BEFORE THE DATE THE RIF PROPOSAL WAS SUBMITTED AND THE EVALUATION RATING SCALE CHANGED FROM A 3 POINT TO A 5 POINT SCALE OR FROM A 5 POINT SCALE TO A 3 POINT SCALE, THEN USE FORM RIF-3 TO CONVERT THE SCORES SO THEY ARE CONSISTENT.**

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| --- | --- | --- | --- | --- |
| **Evaluations** | **Date Evaluation Completed** | **Type of Evaluation – MAP or PASE** | **Original Performance Score** | **Converted Performance Score** |
| Most Recent Performance Evaluation (if issued within last 24 months): |  |  |  |  |
| 2nd Most Recent Performance Evaluation (if issued within last 24 months): |  |  |  |  |
| 3rd Most Recent Performance Evaluation (if issued within last 24 months): |  |  |  |  |
| **Final Score Used to Determine Retention – Average of the converted scores** |  | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Proposal:** |  | **Date of Retention Point Computation:** |  |
| **Reviewed by:** |  | **Date:** |  |
| **Approved by:** |  | **Date:** |  |
| **Audited by:** |  | **Date:** |  |