



State of Hawaii
CERTIFICATION OF PERFORMANCE

Name of Employee

Position Title

Employee No.

Department

Division/Branch/Section/Unit

In accordance with the step movement provisions of the applicable collective bargaining agreement, I certify that for purposes of determining creditable service, the above employee's performance from _____ to _____ has been satisfactory.
(date) (date)

Reviewed By:

Supervisor's Signature

Date

Employee's Signature

Date

Program Administrator's Signature

Date