



West Virginia Department of Transportation

Record of Significant Occurrence – AH503

DOT.3.08.00

Issue Date: 1/30/2025

Revised: 4/03/2025

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This form is to be kept by the supervisor for employee evaluation purposes only.

WV Oasis #: _____ Employee Name: _____ Org: _____ Date: _____

Performed above expectations

Performed below expectations

Showed improvement in performance

Showed decline in performance

Describe the event: *(Example, what did the employee do/fail to do?)*

Course of action or next steps, if applicable.

I spoke with the employee, to commend or counsel, on: _____

Employee response, if applicable:

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____