

University of Guam
WORK PLANNING AND PERFORMANCE EVALUATION FORM

Name of Employee:	Position Title:
Evaluation Period: FROM: _____ TO: _____	How many months in this position?
Name of Supervisor:	Department:
Position Title:	Division:

SUPERVISOR: I HAVE BEEN OBSERVING THE ABOVE EMPLOYEE'S WORK PERFORMANCE AGAINST THE JOB FACTORS IDENTIFIED BELOW FROM _____ TO _____.

WORK PLANNING

<u>JOB FACTOR</u>	<u>PERFORMANCE STANDARD</u>	<u>MEASUREMENT</u>

Employee: I AGREE TO THE JOB FACTORS AND PERFORMANCE STANDARDS IDENTIFIED ABOVE.

Supervisor: I CERTIFY THAT THE ABOVE ADEQUATELY REFLECTS THE DUTIES AND RESPONSIBILITIES TO BE PERFORMED DURING THE RATING PERIOD.

EMPLOYEE'S SIGNATURE DATE

SUPERVISOR'S SIGNATURE DATE

PERFORMANCE EVALUATION

Based on the performance standards determined earlier, select the rating that best describes the employee's performance on each of the job factors.

If "Below Work Performance Standards or "Exceeds Work Performance Standards" is checked, please give your reasons for this rating. If "Below", indicate suggestions made to the employee on how to improve.

JOB FACTOR	PERFORMANCE LEVEL	COMMENTS/JUSTIFICATION
	<input type="checkbox"/> / <input type="checkbox"/> / <u>Exceeds</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Meets</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Below</u> Work Performance Standards	
	<input type="checkbox"/> / <input type="checkbox"/> / <u>Exceeds</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Meets</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Below</u> Work Performance Standards	
	<input type="checkbox"/> / <input type="checkbox"/> / <u>Exceeds</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Meets</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Below</u> Work Performance Standards	
	<input type="checkbox"/> / <input type="checkbox"/> / <u>Exceeds</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Meets</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Below</u> Work Performance Standards	
	<input type="checkbox"/> / <input type="checkbox"/> / <u>Exceeds</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Meets</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Below</u> Work Performance Standards	
	<input type="checkbox"/> / <input type="checkbox"/> / <u>Exceeds</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Meets</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Below</u> Work Performance Standards	
	<input type="checkbox"/> / <input type="checkbox"/> / <u>Exceeds</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Meets</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Below</u> Work Performance Standards	
	<input type="checkbox"/> / <input type="checkbox"/> / <u>Exceeds</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Meets</u> Work Performance Standards <input type="checkbox"/> / <input type="checkbox"/> / <u>Below</u> Work Performance Standards	
OVERALL RATING: <input type="checkbox"/> / <input type="checkbox"/> / OUTSTANDING <input type="checkbox"/> / <input type="checkbox"/> / SATISFACTORY <input type="checkbox"/> / <input type="checkbox"/> / UNSATISFACTORY		
Based on the above, the employee's salary increment increase is hereby:		
<input type="checkbox"/> / <input type="checkbox"/> / RECOMMENDED <input type="checkbox"/> / <input type="checkbox"/> / NOT RECOMMENDED		
Supervisor's Signature: _____		Date: _____

PERFORMANCE EVALUATION INTERVIEW

EMPLOYEE: My signature below indicates that I have read this completed Work Planning and Performance Evaluation Form, discussed this evaluation with the rater on _____ and received a copy of this evaluation.

Employee's Signature

Date

RATER: My signature below indicates that I have discussed this evaluation with the employee, given a copy of this evaluation to the employee, regularly and directly observed the performance of the employee on the job factors which I have evaluated, and read and understood the Work Planning and Performance Evaluation instructions.

Rater's Signature

Date

RATER'S SUPERVISOR: My signature below indicates that I have reviewed this completed evaluation and the ratings appear to be appropriately justified.

Raters' Supervisor's Signature

Date

DEPARTMENT HEAD: My signature below indicates I concur with the supervisory rating evaluation of the employee and approve the recommended rating.

President/Vice President/Dean/Director's Signature

Date

/ / **FUNDS AVAILABLE** / / **NO FUNDS AVAILABLE**

Certifying Officer

Date

TRAINING NEEDS ANALYSIS

SUPERVISOR: During the Performance Evaluation discussion with the employee, I recommended the following training(s) for improving performance:

Supervisor's Signature

Date

Employee's Signature

Date

HUMAN RESOURCES OFFICE
(FOR HRO USE ONLY)

Received By: _____ Date: _____

Salary Increment Increase Effective On: _____
Date

Personnel Specialist's Signature

Date