



EDWARD M. BIRN
Director (Direktot)
ELIZABETH T. FISHER
Deputy Director (Sigundo Direktot)

**DEPARTMENT OF
ADMINISTRATION**
DIPATTAMENTON ATMENESTRASION

(Dipattamenton Atmenestrasion)
DIRECTOR'S OFFICE
(Ufisinan Direkttot)
Telephone (Telifon): (671) 475-1101/1250 • Fax (Faks): (671) 477-6788



LOURDES A. LEON GUERRERO
Governor (Maga'håga)
JOSHUA F. TENORIO
Lt. Governor (Sigundo Maga'låhi)

12/29/23

December 29, 2023

DEPARTMENT OF ADMINISTRATION ORGANIZATIONAL CIRCULAR NO. 2024-015

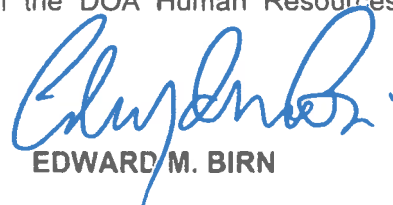
To: All Line Departments and Agencies Heads
From: Director, Department of Administration
Subject: **REVISED WORK PLANNING & PERFORMANCE EVALUATION FORM**

Hafa Adai! Effective immediately, the revised Work Planning & Performance Evaluation Form is attached and to be used in the line departments and agencies for all government of Guam classified employees.

Changes have been made to indicate Employee Identification Numbers (EID) are used in place of the Social Security Numbers (SSN). An additional form for justification and comments has also been provided in a fillable format.

To ensure compliance, Department and Agency Heads shall distribute copies to all supervisors and administrators on the DOA Personnel Rules and Regulations (PR&R), Chapter 10 on Employee Performance policy and the Supervisor's Instruction Handbook on the Work Planning & Performance Evaluation, which is still applicable for the revised Work Planning & Performance Evaluation Form.

If you have any questions contact your respective department's Personnel Officer and/or the Employee-Management Relations Branch of the DOA Human Resources Division, at 475-1185/1249/1120. *Si Yu'osMa'ase.*


EDWARD M. BIRN

Attachments

GOVERNMENT OF GUAM
WORK PLANNING & PERFORMANCE EVALUATION SYSTEM

EMPLOYEE: _____	EMPLOYEE ID NO.: _____
POSITION TITLE: _____	DEPT./DIV.: _____
RATING PERIOD: FROM: _____ TO: _____	
PERIOD OF SUPERVISION: FROM: _____ TO: _____	
SUPERVISOR: _____	REVIEWER: _____

DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM CAN BE FOUND IN THE SUPERVISOR'S HANDBOOK

I. WORK PLANNING

This stage takes place at the beginning of the rating period. The supervisor and employee meet to discuss and establish primary job tasks and performance standards for the rating period. List job tasks and performance standards on the second page of this form.

COMMENTS ATTACHED <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SUPERVISOR	INDIVIDUAL DEVELOPMENT PLAN ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ EMPLOYEE'S SIGNATURE & DATE	_____ SUPERVISOR'S SIGNATURE & DATE
------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	--------------------------------------	----------------------------------------

II. WORK PROGRESS

This stage may take place at any time during the rating period. The supervisor and employee meet to review the employee's work progress in relation to the established performance standards. Comments may be made on the second page of this form under each job task or attached on a separate sheet.

COMMENTS ATTACHED

- EMPLOYEE
 SUPERVISOR

III. MID-PERIOD PERFORMANCE ADVISORY

This stage takes place within one month before or after the approximate mid-point of the rating period. The supervisor and employee meet to discuss advisory ratings assigned for the employee on each job task and overall for the first half of the rating period.

MID-PERIOD PERFORMANCE ADVISORY: <input type="checkbox"/> Outstanding (Explain) <input type="checkbox"/> Highly Satisfactory (Explain) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal (Explain) <input type="checkbox"/> Unsatisfactory (Explain) <input type="checkbox"/> Unable to Rate (Explain) _____ Employee's Signature & Date	SUPERVISOR'S COMMENTS: _____ Supervisor's Signature & Date	COMMENTS ATTACHED <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> REVIEWER _____ Reviewer's Signature & Date
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

IV. FORMAL PERFORMANCE EVALUATION and V. PERFORMANCE EVALUATION INTERVIEW

These are the final two stages of the evaluation process. The supervisor evaluates and the supervisor and employee meet to discuss the performance ratings assigned on each job task and overall performance for the rating period.

OVERALL PERFORMANCE RATING: <input type="checkbox"/> OUTSTANDING (Explain) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY (Explain) <input type="checkbox"/> UNABLE TO RATE (Explain)	SALARY INCREMENT: <input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED	_____ SUPERVISOR'S SIGNATURE & DATE
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------	----------------------------------------

EMPLOYEE: <input type="checkbox"/> I AGREE <input type="checkbox"/> I DISAGREE _____ EMPLOYEE'S SIGNATURE & DATE	COMMENTS:
-------------------------------------------------------------------------------------------------------------------------------------	------------------------------

REVIEWER'S DETERMINATION: On the basis of my review, I have determined that the supervisor's ratings are appropriately justified. _____ REVIEWER'S SIGNATURE & DATE	COMMENTS:
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------

AGENCY DIRECTOR: My signature indicates that I concur with the supervisor's evaluation of the employee, approve the recommended, and certify funds available should a salary increment and/or lump sum be recommended. _____ AGENCY DIRECTOR'S SIGNATURE & DATE	COMMENTS:
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------

**WORK PLANNING & PERFORMANCE EVALUATION SYSTEM
JOB TASKS/PERFORMANCE STANDARDS**

List the employee's primary job tasks for this rating period and the performance standards, which will be used to evaluate the employee's performance of these tasks in the appropriate spaces below. Attach additional copies as needed.

JOB TASK:

Performance Standard: (Employee successfully meets job requirements if):

Work Progress Review Comments:

ADVISORY JOB TASK RATING:

- Exceeds Work Performance Standards (Explain)
- Highly Meets Work Performance Standards (Explain)
- Meets Work Performance Standards
- Barely Meets Work Performance Standards (Explain)
- Below Work Performance Standards (Explain)
- Unable to Rate (Explain)

COMMENTS:

FORMAL JOB TASK RATING:

- EXCEEDS Work Performance Standards (Explain)
- MEETS Work Performance Standards
- BELOW Work Performance Standards (Explain)
- UNABLE to Rate (Explain)

COMMENTS:

JOB TASK:

Performance Standard: (Employee successfully meets job requirements if):

Work Progress Review Comments:

ADVISORY JOB TASK RATING:

- Exceeds Work Performance Standards (Explain)
- Highly Meets Work Performance Standards (Explain)
- Meets Work Performance Standards
- Barely Meets Work Performance Standards (Explain)
- Below Work Performance Standards (Explain)
- Unable to Rate (Explain)

COMMENTS:

FORMAL JOB TASK RATING:

- EXCEEDS Work Performance Standards (Explain)
- MEETS Work Performance Standards
- BELOW Work Performance Standards (Explain)
- UNABLE to Rate (Explain)

COMMENTS:

**WORK PLANNING & PERFORMANCE EVALUATION SYSTEM
JOB TASKS/PERFORMANCE STANDARDS**

List the employee's primary job tasks for this rating period and the performance standards, which will be used to evaluate the employee's performance of these tasks in the appropriate spaces below. Attach additional copies as needed.

JOB TASK:

Performance Standard: (Employee successfully meets job requirements if):

Work Progress Review Comments:

ADVISORY JOB TASK RATING:

- Exceeds Work Performance Standards (Explain)
- Highly Meets Work Performance Standards (Explain)
- Meets Work Performance Standards
- Barely Meets Work Performance Standards (Explain)
- Below Work Performance Standards (Explain)
- Unable to Rate (Explain)

COMMENTS:

FORMAL JOB TASK RATING:

- EXCEEDS Work Performance Standards (Explain)
- MEETS Work Performance Standards
- BELOW Work Performance Standards (Explain)
- UNABLE to Rate (Explain)

COMMENTS:

JOB TASK:

Performance Standard: (Employee successfully meets job requirements if):

Work Progress Review Comments:

ADVISORY JOB TASK RATING:

- Exceeds Work Performance Standards (Explain)
- Highly Meets Work Performance Standards (Explain)
- Meets Work Performance Standards
- Barely Meets Work Performance Standards (Explain)
- Below Work Performance Standards (Explain)
- Unable to Rate (Explain)

COMMENTS:

FORMAL JOB TASK RATING:

- EXCEEDS Work Performance Standards (Explain)
- MEETS Work Performance Standards
- BELOW Work Performance Standards (Explain)
- UNABLE to Rate (Explain)

COMMENTS:

GOVERNMENT OF GUAM
WORK PLANNING & PERFORMANCE EVALUATION SYSTEM

EMPLOYEE: _____	EMPLOYEE ID NO.: _____
POSITION TITLE: _____	DEPT./DIV.: _____
RATING PERIOD: FROM: _____	TO: _____
PERIOD OF SUPERVISION: FROM: _____	TO: _____
SUPERVISOR: _____	REVIEWER: _____

SUPERVISOR'S COMMENTS PAGE 1

JOB TASK:
Performance Standard: (Employee successfully meets job requirements if):
Comments:

JOB TASK:
Performance Standard: (Employee successfully meets job requirements if):
Comments:

JOB TASK:
Performance Standard: (Employee successfully meets job requirements if):
Comments:

JOB TASK:
Performance Standard: (Employee successfully meets job requirements if):
Comments:

JOB TASK:
Performance Standard: (Employee successfully meets job requirements if):
Comments:

JOB TASK:
Performance Standard: (Employee successfully meets job requirements if):
Comments:

Appendix H PERFORMANCE IMPROVEMENT PLAN

EMPLOYEE: _____ POSITION TITLE: _____

DEPARTMENT: _____ DIVISION/UNIT: _____

RATING PERIOD:

FROM: (60 Days)

Ext. (60 Days) Max: _____

TO: _____

SUPERVISOR: _____

JOB STANDARD NOT MET	IMPROVEMENT NEEDED	SPECIAL ASSIGNMENT	PLANNED DATES	DATES COMPLETED

EMPLOYEE'S COMMENTS:

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S COMMENTS:

SUPERVISOR'S SIGNATURE

DATE

Appendix I INDIVIDUAL DEVELOPMENT PLAN

EMPLOYEE: _____ POSITION TITLE: _____

DEPARTMENT: _____ DIVISION/UNIT: _____

RATING PERIOD:
FROM: _____ TO: _____

SUPERVISOR: _____

GOAL	DEVELOPMENT ACTIVITY	LOCATION	PLANNED DATES	DATES COMPLETED

EMPLOYEE'S COMMENTS:	
EMPLOYEE'S SIGNATURE	DATE
SUPERVISOR'S COMMENTS:	
SUPERVISOR'S SIGNATURE	DATE
REVIEWER'S COMMENTS:	
REVIEWER'S SIGNATURE	DATE