

**GOVERNMENT OF GUAM**  
**WORK PLANNING & PERFORMANCE EVALUATION SYSTEM**

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

**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.

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

<b>MID-PERIOD PERFORMANCE ADVISORY:</b> <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	<b>SUPERVISOR'S COMMENTS:</b>      _____ Supervisor's Signature & Date	<b>COMMENTS ATTACHED</b> <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> REVIEWER   _____ Reviewer's Signature & Date
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**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.

<b>OVERALL PERFORMANCE RATING:</b> <input type="checkbox"/> OUTSTANDING (Explain) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY (Explain) <input type="checkbox"/> UNABLE TO RATE (Explain)	<b>SALARY INCREMENT:</b> <input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED	_____ SUPERVISOR'S SIGNATURE & DATE
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<b>EMPLOYEE:</b> <input type="checkbox"/> I AGREE <input type="checkbox"/> I DISAGREE _____ EMPLOYEE'S SIGNATURE & DATE	<b>COMMENTS:</b>   
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<b>REVIEWER'S DETERMINATION:</b> On the basis of my review, I have determined that the supervisor's ratings are appropriately justified.  _____ REVIEWER'S SIGNATURE & DATE	<b>COMMENTS:</b>   
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<b>AGENCY DIRECTOR:</b> 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	<b>COMMENTS:</b>   
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**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:**

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- 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:

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- MEETS Work Performance Standards
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COMMENTS:

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JOB TASKS/PERFORMANCE STANDARDS**

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COMMENTS:

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POSITION TITLE: _____	DEPT./DIV.: _____
RATING PERIOD: FROM: _____	TO: _____
PERIOD OF SUPERVISION: FROM: _____	TO: _____
SUPERVISOR: _____	REVIEWER: _____

<b>SUPERVISOR'S COMMENTS PAGE 1</b>

<b>JOB TASK:</b>
<b>Performance Standard:</b> (Employee successfully meets job requirements if):
<b>Comments:</b>

<b>JOB TASK:</b>
<b>Performance Standard:</b> (Employee successfully meets job requirements if):
<b>Comments:</b>

<b>JOB TASK:</b>
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<b>Performance Standard:</b> (Employee successfully meets job requirements if):
<b>Comments:</b>

# 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

<b>EMPLOYEE'S COMMENTS:</b>	
_____ EMPLOYEE'S SIGNATURE	_____ DATE
<b>SUPERVISOR'S COMMENTS:</b>	
_____ 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

<b>EMPLOYEE'S COMMENTS:</b>	
EMPLOYEE'S SIGNATURE	DATE
<b>SUPERVISOR'S COMMENTS:</b>	
SUPERVISOR'S SIGNATURE	DATE
<b>REVIEWER'S COMMENTS:</b>	
REVIEWER'S SIGNATURE	DATE