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	**INDIVIDUAL DEVELOPMENT PLAN ATTACHED?**		
☐ EMPLOYEE ☐ SUPERVISOR	☐ Yes ☐ 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:	**SUPERVISOR'S COMMENTS:**	**COMMENTS ATTACHED**
☐ Outstanding (Explain) ☐ Highly Satisfactory (Explain) ☐ Satisfactory ☐ Marginal (Explain) ☐ Unsatisfactory (Explain) ☐ Unable to Rate (Explain)		☐ EMPLOYEE ☐ SUPERVISOR ☐ REVIEWER
_____ Employee's Signature & Date	_____ Supervisor's Signature & Date	_____ 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:	**SALARY INCREMENT:**	**SUPERVISOR'S COMMENTS:**
☐ OUTSTANDING (Explain) ☐ SATISFACTORY ☐ UNSATISFACTORY (Explain) ☐ UNABLE TO RATE (Explain)	☐ RECOMMENDED ☐ NOT RECOMMENDED	_____ SUPERVISOR'S SIGNATURE & DATE

EMPLOYEE:	COMMENTS:
☐ I AGREE ☐ I DISAGREE _____ EMPLOYEE'S SIGNATURE & DATE	
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:	**FORMAL JOB TASK RATING**:
☐ Exceeds Work Performance Standards (Explain)	☐ EXCEEDS Work Performance Standards (Explain)
☐ Highly Meets Work Performance Standards (Explain)	☐ MEETS Work Performance Standards
☐ Meets Work Performance Standards	☐ BELOW Work Performance Standards (Explain)
☐ Barely Meets Work Performance Standards (Explain)	☐ UNABLE to Rate (Explain)
☐ Below Work Performance Standards (Explain)	COMMENTS:
☐ Unable to Rate (Explain)	
COMMENTS:	

JOB TASK:

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

Work Progress Review Comments:

ADVISORY JOB TASK RATING:	**FORMAL JOB TASK RATING**:
☐ Exceeds Work Performance Standards (Explain)	☐ EXCEEDS Work Performance Standards (Explain)
☐ Highly Meets Work Performance Standards (Explain)	☐ MEETS Work Performance Standards
☐ Meets Work Performance Standards	☐ BELOW Work Performance Standards (Explain)
☐ Barely Meets Work Performance Standards (Explain)	☐ UNABLE to Rate (Explain)
☐ Below Work Performance Standards (Explain)	COMMENTS:
☐ 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:	**FORMAL JOB TASK RATING**:
☐ Exceeds Work Performance Standards (Explain)	☐ EXCEEDS Work Performance Standards (Explain)
☐ Highly Meets Work Performance Standards (Explain)	☐ MEETS Work Performance Standards
☐ Meets Work Performance Standards	☐ BELOW Work Performance Standards (Explain)
☐ Barely Meets Work Performance Standards (Explain)	☐ UNABLE to Rate (Explain)
☐ Below Work Performance Standards (Explain)	COMMENTS:
☐ Unable to Rate (Explain)	
COMMENTS:	

JOB TASK:

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

Work Progress Review Comments:

ADVISORY JOB TASK RATING:	**FORMAL JOB TASK RATING**:
☐ Exceeds Work Performance Standards (Explain)	☐ EXCEEDS Work Performance Standards (Explain)
☐ Highly Meets Work Performance Standards (Explain)	☐ MEETS Work Performance Standards
☐ Meets Work Performance Standards	☐ BELOW Work Performance Standards (Explain)
☐ Barely Meets Work Performance Standards (Explain)	☐ UNABLE to Rate (Explain)
☐ Below Work Performance Standards (Explain)	COMMENTS:
☐ Unable to Rate (Explain)	
COMMENTS:	

GOVERNMENT OF GUAM

WORK PLANNING & PERFORMANCE EVALUATION SYSYTEM

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 _____