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| **Performance Management Form – Classified Employee** |
| Performance Cycle:  |  | to |  |
| Employee Name: |  | Bear #: |  |
| Job Class:  |  | Position #: |  |
| Department: |  | Unit/Team: |  |
| Supervisor: |  | Position #: |  | Title: |  |

**PERFORMANCE PLANNING** *(due by April 1 or within 30 days of appointment, e.g. hire, promotion, transfer, new assignment)*

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| -Review current Position Description Questionnaire and update if needed |
| -Establish and discuss individual objectives. |
| I |[ ]  Agree OR |[ ]  Disagree with plan (attach written explanation for disagreement) |
| Employee Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supervisor Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**COACHING AND PROGRESS REVIEWS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3-Month Review Date (*Optional*): |       | Employee Initials: |  | Supervisor Initials: |  |
| 6-Month Review Date (*REQUIRED-Due 12/15*): |       | Employee Initials: |  | Supervisor Initials: |  |
| 9-Month Review Date (*Optional*):  |       | Employee Initials: |  | Supervisor Initials: |  |

**MODIFICATIONS TO THE PLAN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Change(s): |       | Employee Initials: |  | Supervisor Initials: |  |
| Date of Change(s): |       | Employee Initials: |  | Supervisor Initials: |  |
| Date of Change(s): |       | Employee Initials: |  | Supervisor Initials: |  |

**OVERALL EVALUATION**

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| ─ Discuss performance results relative to the performance plan, including accomplishments, performance data and completion of core competencies and objectives. |
| ─ Supervisor completes evaluation form including narrative explanation and overall evaluation. Submit the form and rating to reviewer. |
| ─ Reviewer approves evaluation and recommended rating or discusses with supervisor. |
| ─ Rating reviewed at the department level if recommended rating is Exceptional or Needs Improvement. |
| ─ Final evaluation and rating discussed with employee and signed. Signed document due to Human Resources by March 31. |

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|[ ]  **Exceptional** |[ ]  **Successful** |[ ]  **Needs Improvement\*** |
| This rating represents **consistently exceptional** and documented performance or consistently superior achievement beyond the regular assignment. Employees make exceptional contribution(s) that have a significant and positive impact on the performance of the unit or the organization and may materially advance the mission of the organization. The employee provides a model for excellence and helps others to do their jobs better. Peers, immediate supervision, higher-level management and others can readily recognize such a level of performance. | This rating level encompasses a range of **expected performance**. It includes employees who are **successfully developing** in the job, employees who exhibit competency in work behaviors, skills, and assignments, and accomplished performers who consistently exhibit the desired competencies effectively and independently. These **employees are meeting all the expectations, standards, requirements, and objectives** on their performance plan and, on occasion, exceed them. This is the employee who reliably performs the job assigned and may even have a documented impact beyond the regular assignments and performance objectives that directly supports the mission of the organization. | This rating level encompasses those employees whose **performance does not consistently and independently meet expectations** set forth in the performance plan as well as those employees whose performance is clearly unsatisfactory and consistently fails to meet requirements and expectations. \*Attach Performance Improvement Plan or Corrective Action. |
| ***Type of Rating:*** |[ ]  Interim Rating |[ ]  Transfer |[ ]  Promotion |[ ]  Change in Supervisor |
|  |[ ]  Final Annual Rating |
|  |[ ]  Abbreviated Final Rating (only use if employee is hired at UNC within 90 days prior to the end of the performance cycle) |

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| --- | --- | --- |
| I |[ ]  Agree OR |[ ]  Disagree with the Final Evaluation (attach written explanation for disagreement) |
| Employee Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supervisor Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reviewer Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |

**Part I: Core Competencies**

***Instructions: Select behaviors that will be evaluated. Identify priorities in order of importance with “1” being the top priority. Please rate according to the following levels of performance. Attach additional pages if needed.***

***\*Use the drop down menu to select the corresponding Priority Level for each Competency.***

|  |  |  |
| --- | --- | --- |
| **COMPETENCY** | **DEFINITION** | **RATING** |
| ***\*Select Priority***  | **Job Knowledge/****Potential** | Possesses knowledge of established policies and procedures. Possesses sufficient skills and knowledge to perform all parts of the job effectively and efficiently. Maintains quality/quantity standards. Provides technical assistance to others and is consulted by others on technical matters. Pursues professional development. Displays innovation. |[ ]  ***Exceptional*** |
|  |  |  |[ ]  ***Successful*** |
|  |  |  |[ ]  ***Needs Improvement*** |
| ***\*Select Priority*** | **Professional Conduct/****Reliability** | Accepts responsibility for all areas of job. Uses time effectively with minimal errors. Completes work thoroughly in a reasonable amount of time. Meets established goals. Works accurately, neatly, and makes suggestions and appropriate changes. Handles conflict in a constructive manner. Willingly accepts supervision. Can consistently be relied on to perform job. Seldom needs to be reminded. Does not abuse leave practices. Conveys positive and professional image of work unit to others. |[ ]  ***Exceptional*** |
|  |  |  |[ ]  ***Successful*** |
|  |  |  |[ ]  ***Needs Improvement*** |
| ***\*Select Priority*** | **Motivation/****Commitment** | Displays drive and energy in accomplishing tasks. Handles several responsibilities concurrently. Puts forth effort when needed. Agrees to modify schedule or adapt plans when necessary. Self-starter. Displays positive attitude in work assignments and interactions with others. Is fully ready to work at beginning of work schedule and continues until workday is done. |[ ]  ***Exceptional*** |
|  |  |  |[ ]  ***Successful*** |
|  |  |  |[ ]  ***Needs Improvement*** |
| ***\*Select Priority*** | **Communication** | Demonstrates effective listening skills. Uses appropriate language and terminology. Speaks in a manner that is understood, courteous, and effective. Seeks and considers ideas from others on issues that affect them. Keeps considerate of the communication skills of others. |[ ]  ***Exceptional*** |
|  |  |  |[ ]  ***Successful*** |
|  |  |  |[ ]  ***Needs Improvement*** |
| ***\*Select Priority*** | **Interpersonal Relations** | Maintains smooth working relations, support, and respect of others. Demonstrates tact and diplomacy in negotiations or confrontations with others. Contributes to employee morale and motivation. Is accessible to others and responsive to their questions, needs, and concerns.  |[ ]  ***Exceptional*** |
|  |  |  |[ ]  ***Successful*** |
|  |  |  |[ ]  ***Needs Improvement*** |
| ***\*Select Priority*** | **Problem Solving/****Reasoning** | Recognizes and analyzes work related problems. Uses available resources to evaluate and recommend potential solutions. Ability to use good judgement to arrive at sound conclusions. Ability to take timely action. |[ ]  ***Exceptional*** |
|  |  |  |[ ]  ***Successful*** |
|  |  |  |[ ]  ***Needs Improvement*** |
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| **COMPETENCY** | **DEFINITION** | **RATING** |
| ***\*Select Priority*** | **Customer Service** | Provides prompt and friendly service to internal and external customers. Helps identify customer needs through courteous questioning and a sincere desire to be helpful. Follows up with customers, as appropriate, to insure satisfaction. Considers and recommends alternatives to customers when needed. |[ ]  ***Exceptional*** |
|  |  |  |[ ]  ***Successful*** |
|  |  |  |[ ]  ***Needs Improvement*** |
| ***\*Select Priority*** | **Safety** | Aware of job safety procedures. Keeps abreast of changes in safety procedures. Practices safe work habits. Reports possible safety hazards to supervisor. Attends safety-training programs, as appropriate. |[ ]  ***Exceptional*** |
|  |  |  |[ ]  ***Successful*** |
|  |  |  |[ ]  ***Needs Improvement*** |
| ***\*Select Priority*** | **Management** | Develops, evaluates, and implements efficient and effective operational processes and procedures. Identifies, seeks appropriate input, develops solutions and recommends plan to improve processes and procedures. Creates and maintains a positive goal-oriented environment free from bias and favoritism. Applies management practices consistently and fairly. Adheres to and actively supports the University’s commitment to diversity and equal opportunity. |[ ]  ***Exceptional*** |
|  |  |  |[ ]  ***Successful*** |
|  |  |  |[ ]  ***Needs Improvement*** |
| ***\*Select Priority*** | **Supervision** | Employees supervised demonstrate productivity, competence, and high morale. Provides supervision, feedback, and training for employees. Utilizes employee’s skills and abilities. Conducts performance planning and evaluations for employees in a timely manner. Develops goals, objectives, and deadlines and communicates them to employees. Resolves routine personnel issues or problems. |[ ]  ***Exceptional*** |
|  |  |  |[ ]  ***Successful*** |
|  |  |  |[ ]  ***Needs Improvement*** |

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| **Training and Development Plan** |
|       |

**Part II: Performance Objectives**

*Attach additional pages as needed for additional objectives.*

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| **PERFORMANCEOBJECTIVE** | **RESULTS** |
| **Objective*:*** |  |       |  | *List noteworthy results, events, and accomplishments that demonstrate the level of performance.* |
| *List the significant duties and behaviors required for successful performance, i.e. identify what is expected in the performance of this objective.* |  |
|       |       |
| **MeasurementStandards***List output or results that are expected for performance of duties.* |  |
| **Needs Improvement** |  |
|       |  |
| **Successful** |  |
|       |  |
| **Exceptional** |  |
|       |  |
|  | **Rating** |
|  |[ ]  **Exceptional** |[ ]  **Successful** |[ ]  **Needs Improvement** |
|  |  |  |  |  |  |  |

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| --- | --- |
| **PERFORMANCEOBJECTIVE** | **RESULTS** |
| **Objective*:*** |  |       |  | *List noteworthy results, events, and accomplishments that demonstrate the level of performance.* |
| *List the significant duties and behaviors required for successful performance, i.e. identify what is expected in the performance of this objective.* |  |
|       |       |
| **MeasurementStandards***List output or results that are expected for performance of duties.* |  |
| **Needs Improvement** |  |
|       |  |
| **Successful** |  |
|       |  |
| **Exceptional** |  |
|       |  |
|  | **Rating** |
|  |[ ]  **Exceptional** |[ ]  **Successful** |[ ]  **Needs Improvement** |

|  |  |
| --- | --- |
| **PERFORMANCEOBJECTIVE** | **RESULTS** |
| **Objective*:*** |  |       |  | *List noteworthy results, events, and accomplishments that demonstrate the level of performance.* |
| *List the significant duties and behaviors required for successful performance, i.e. identify what is expected in the performance of this objective.* |  |
|       |       |
| **MeasurementStandards***List output or results that are expected for performance of duties.* |  |
| **Needs Improvement** |  |
|       |  |
| **Successful** |  |
|       |  |
| **Exceptional** |  |
|       |  |
|  | **Rating** |
|  |[ ]  **Exceptional** |[ ]  **Successful** |[ ]  **Needs Improvement** |

If the employee refuses to sign the front page of this document, the supervisor records the date on which the employee refused to sign on the line designated for the employee’s signature on the front page. The employee has the right to initiate a dispute concerning the performance plan or final overall performance rating. The employee has 3 working days from the date of the event to resolve the dispute informally with the supervisor. If not resolved, the employee may enter the formal dispute process to the division director by submitting a completed *Performance Management Dispute Resolution Form* within 5 working days from the date of the event.

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| **Employee Comments** |
|       |
|  |
| **Supervisor Comments** |
|       |

**Performance Management**

**\*\*Optional\*\* Employee Self-Evaluation or Feedback Form**

Employees are encouraged to complete the self-evaluation form.

This form may also be used by the supervisor to secure feedback from co-workers, other departments, etc.

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| --- | --- | --- | --- |
| **Name:** |       | **Date:** |       |
| **Department:** |       | **Position #:** |       |
| **Supervisor:** |       |  |  |

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| **Instructions:** Employees choosing to write an *optional* “Self-Evaluation” should complete this form and submit it to their supervisor for inclusion with the final evaluation. |
| **Accomplishments:** |
|       |
| **Strengths:** |
|       |
| **Areas for Professional Development:** |
|       |

**Performance Management**

**\*\*Optional\*\* Employee Self-Evaluation or Feedback Form**

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| **Training** |
| If you attended any training or in-service sessions this past year, please document these below: |
|       |
| If you feel that additional training would assist you in your job duties, please indicate the type of training you would suggest: |
|       |
| Other information you believe is relevant to this evaluation period: |
|       |

**Performance Management Dispute Resolution Form**

*If this form is not applicable, please discard*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Date:** |       |
| **Department:** |       | **Position #:** |       |
| **Supervisor:** |       |  |  |

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| **I Wish To Have The Following Reviewed** |
|[ ]  **My performance plan or lack of a plan. The error or problem is:** |
|       |
|[ ]  **My Performance rating. The error or problem is:** |
|       |
|[ ]  **The application of the UNC performance plan, process, or policies to my plan or evaluation. The error or problem is:** |
|       |
|[ ]  **Full payment of my award. The error or problem is:** |
|       |

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| --- | --- | --- | --- |
| Employee Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |

*For additional information, consult your supervisor or Human Resource Services.*

*Submit copies to your supervisor and to Human Resource Services.*