

## **Human Resource Services**

## Management Evaluation of Work Performance Management Evaluation Instrument

Evaluatee:			Position:
Evaluator:			Site:
I.	Initial A.	Conference Date: Objectives *	,
		1.	
		2.	
		3.	
II. Intermediate Conference(s) Date(s):			
	A.	Progress on Objectives *	
		1.	
		2.	
		3.	
	D	Comments on Performance Stan	dords *
	B.	Comments on Performance Stan	dards

	A.	Objectives, Commendations/Recommendations * (Specify whether met or unmet and then list:)		
		1.		
		2.		
		3.		
	В.	Performance Standards, Commend	ations/Recommendations *	
	C.	Overall Evaluation:		
		Satisfactory	Unsatisfactory	
	D.	Next Scheduled Evaluation:		
Evaluator:			Date:	
		(Signature)		
		ved and read this report, but my written statement I wish to make rega	signature does not necessarily signify agreement. I rding this report will be attached.	
Evaluatee:			Date:	
		(Signature)		
*Attach addi	itional p	ages as necessary.		

III.

Final Conference Date:

<sup>1 0</sup> 



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## Management Evaluation of Work Performance Management Professional Improvement Plan

I.		Rationale for Professional Improvement Plan: (List objectives/performance standards not met)						
	(Ref	Fer to Article 5 section 6 c.[3] [b]	)					
II.	Plan	Plan Description (Attach additional pages, if necessary):						
	A.	Activities:						
	В.	Strategies:						
	C.							
	D.	Other:						
III.	Time	Timeline:						
	A.	Plan initiated on	(Date)					
	В.	Plan to be completed by	(Date)					
	C.	Plan revised on (if needed)	(Date)	(Evaluator's Initials) Attach Revisions				
	D.	Plan completed	(Date)	(Evaluator's Initials)				
	E.	Plan not completed	(Date)	(Evaluator's Initials)				
IV.	Sign	atures:						
	Eval	uator:	Date:					
	Eval	luatee:	Date:					