



# Human Resource Services

## Management Evaluation of Work Performance Management Evaluation Instrument

Evaluatee: \_\_\_\_\_

Position: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Site: \_\_\_\_\_

I. Initial Conference Date: \_\_\_\_\_

A. Objectives \*

1.
2.
3.

II. Intermediate Conference(s) Date(s): \_\_\_\_\_

A. Progress on Objectives \*

1.
2.
3.

B. Comments on Performance Standards \*

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# Human Resource Services

## Management Evaluation of Work Performance Management Professional Improvement Plan

- I. Rationale for Professional Improvement Plan:  
(List objectives/performance standards not met)

(Refer to Article 5 section 6 c.[3] [b])

- II. Plan Description (Attach additional pages, if necessary):

- A. Activities: \_\_\_\_\_
- B. Strategies: \_\_\_\_\_
- C. Resources to be utilized: \_\_\_\_\_
- D. Other: \_\_\_\_\_

- III. Timeline:

- A. Plan initiated on \_\_\_\_\_  
(Date)
- B. Plan to be completed by \_\_\_\_\_  
(Date)
- C. Plan revised on \_\_\_\_\_ (Date) \_\_\_\_\_ (Evaluator's Initials)  
(if needed) (Date) Attach Revisions
- D. Plan completed \_\_\_\_\_ (Date) \_\_\_\_\_ (Evaluator's Initials)
- E. Plan not completed \_\_\_\_\_ (Date) \_\_\_\_\_ (Evaluator's Initials)

- IV. Signatures:

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluatee: \_\_\_\_\_ Date: \_\_\_\_\_