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| **Career Status employees must receive a work plan within 30 calendar days of: starting in the position; the start of the annual performance cycle; a position reclassification; or, whenever a significant revision is appropriate.** | | | | | |
| **ANNUAL REVIEW CYCLE:** | | **From:** |  | **To:** |  |
| **Work Plan Type:** | **Initial  Revision during Cycle** | **Date of Work Planning Session with Employee:** | | |  |

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| **Dept. Name:** | | |  | **Employee Name:** |  | | | | | |
| **Dept. #:** | | |  | **Employee PID:** |  | | **Position #:** | |  | |
| **Supervisor Name:** | | |  | **Classification:** |  | | | | | |
| **Supervisor Title:** | | |  | **Pos. Comp. Level:** | **Contributing  Journey  Advanced** | | | | | |
| **PERFORMANCE GOALS AND ORGANIZATIONAL VALUES** | | | | | | | | | | |
| The supervisor indicates 3-5 performance goals for the employee for the current performance cycle, including measurable outcomes for success. Goals should be consistent with the overall goals of the work unit. At the start of the performance cycle, the supervisor reviews with the employee these goals and the organizational values (attached). Additional details on expectations may be provided during the cycle. Progress on goals should be discussed regularly with the employee. | | | | | | | | | | |
| **#** | **PERFORMANCE GOALS** | | | | | | | | |
| **1** |  | | | | | | | | |
| **2** |  | | | | | | | | |
| **3** |  | | | | | | | | |
| **4** |  | | | | | | | | |
| **5** |  | | | | | | | | |
| **DEVELOPMENT GOALS (including Corrective Action Plans)** | | | | | | | | | | |
| At the beginning of the performance cycle, the supervisor should discuss development opportunities with the employee and list below any development goals established for the current cycle. Include resources that will be provided to the employee and indicate deadlines as needed. Also include, if relevant, any corrective action plan from the employee’s most recent performance appraisal. Progress on these development goals should be discussed regularly with the employee. | | | | | | | | | | |
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| **SIGNATURES FOR WORK PLAN** | | | | | | | | | | |
| **2nd – Level Supervisor:** | |  | | | | **Date:** | |  | | |
| **Supervisor:** | |  | | | | **Date:** | |  | | |
| **I acknowledge that I have received this work plan.** | | | | | | | | | | |
| **Employee:** | |  | | | | **Date:** | |  | | |

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| **ORGANIZATIONAL VALUES** |  |
| 1. **QUALITY OF WORK:** 2. Produces work that is accurate, thorough, and demonstrates sufficient analysis and decision-making to meet the requirements of the employee’s position and profession. 3. Errors are infrequent, are recognized prior to completion of project, and/or are corrected as soon as identified with little to no disruption of service. 4. Makes efficient and appropriate use of materials resulting in sufficient cost effectiveness and little to no waste of resources. 5. Adheres to requirements for recordkeeping and documentation of work in a manner readily understandable to others and sufficient for effective use by self and others. | |
| 1. **TASK MANAGEMENT:** 2. Completes required volume of work by established deadlines. 3. Sufficiently prioritizes tasks and organizes work flows. Adapts to work changes and re-prioritizes appropriately. 4. Provides sufficient updates to supervisor and other relevant parties on the status of assigned work. Appropriately escalates work concerns to management when warranted. 5. Does not require an excessive degree of oversight or correction. Does not place an undue burden on supervisor or colleagues to complete assigned tasks. | |
| 1. **WORK SCHEDULE & ATTENDANCE:** 2. Follows work unit rules for time and attendance, including established procedures for calling out, requesting leave, or requesting changes to work schedules. 3. Accurately records leave and (for FLSA non-exempt employees) work time in the TIM system as required. Corrections to time records are infrequent. 4. Adheres to work schedule and stays productive and focused on assigned tasks during work hours. 5. Absences are minimized and do not place an undue burden on supervisor or colleagues. | |
| 1. **CUSTOMER-ORIENTED COMMUNICATION:** 2. Clearly and accurately conveys information in a manner suitable for the target audience. 3. Actively listens to determine the most effective way to address customer needs and concerns. 4. Maintains a professional and respectful tone and exhibits diplomacy when dealing with sensitive or confrontational situations. 5. Behavior, gestures, and speech present a positive image of the University to customers. | |
| 1. **TEAMWORK & COLLEGIALITY:** 2. Communicates and engages directly, clearly, and tactfully with colleagues and demonstrates respect for diversity and differing points of view among colleagues. 3. Shares knowledge and resources to reach common goals. Provides feedback and healthy dialogue on performance and operational issues, as requested. Willingly adapts to change and adheres to decided actions. 4. Maintains a professional personal appearance and contributes equitably to maintaining the workplace appearance. 5. Honors commitments, adheres to workplace rules, and performs additional duties when team members are absent, during times of increased workload, or as otherwise requested by management to meet business needs. | |
| 1. **POLICY & SAFETY COMPLIANCE:** 2. Complies with University personnel policies, including adherence to prohibitions on harassment, discrimination, and workplace violence, and protection of confidentiality of personnel records for employees, students, research subjects, patients, and others as required. 3. Complies with departmental policies and procedures, as well as trade standards, industry protocols, state and federal regulations, and the professional ethics associated with the position. 4. Complies with all University safety requirements for the position, including training, medical clearance, use of personal protective equipment, and injuries/illness reporting and medical treatment. 5. Complies with all other University policies, including IT security protocols and appropriate use of University information technology, property, and financial resources. | |
| 1. **SUPERVISION (IF APPLICABLE):** 2. Provides adequate stewardship of assigned resources, including budget, space, equipment, and staffing. 3. Plans and communicates unit goals and objectives. Provides clear and reasonable direction regarding assigned duties. Distributes work appropriately within unit. 4. Provides candid, timely, and constructive feedback on performance and behavior.  Applies appropriate corrective action as warranted. Attends to employee development. 5. Serves as role model. Engenders trust, commitment, and civility. Fosters respect for diversity within work unit. Responsive to feedback from subordinates and others. | |
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| **Annual appraisals must be completed for all career status employees  who have worked for the State at least 3 months this performance cycle.**  **Mid-cycle reviews may be performed any time during the cycle.** | | | | | |
| **ANNUAL REVIEW CYCLE:** | | **From:** |  | **To:** |  |
| **Review Type:** | **Mid-Cycle  Annual** | **Date of Review with Employee:** | |  | |

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| **Dept. Name:** | | |  | | | **Employee Name:** | |  | | | | | | | |
| **Dept. #:** | | |  | | | **Employee PID:** | |  | | **Position #:** | | | |  | |
| **Supervisor Name:** | | |  | | | **Classification:** | |  | | | | | | | |
| **Supervisor Title:** | | |  | | | **Pos. Comp. Level:** | | **Contributing  Journey  Advanced** | | | | | | | |
| **PERFORMANCE APPRAISAL** | | | | | | | | | | | | | | | | |
| **For each performance goal and organizational value from the work plan, indicate below a rating  (N=Not Meeting Expectations; M=Meeting Expectations; E=Exceeding Expectations) and provide overall comments.** | | | | | | | | | | | | | | | | |
| **#** | **PERFORMANCE GOALS** | | | | | | | | | **N** | | | **M** | | **E** |
| **1** |  | | | | | | | | |  | | |  | |  |
| **2** |  | | | | | | | | |  | | |  | |  |
| **3** |  | | | | | | | | |  | | |  | |  |
| **4** |  | | | | | | | | |  | | |  | |  |
| **5** |  | | | | | | | | |  | | |  | |  |
| **#** | **ORGANIZATIONAL VALUES** | | | | | | | | | **N** | | | **M** | | **E** |
| **1** | **Quality of Work** | | | | | | | | |  | | |  | |  |
| **2** | **Task Management** | | | | | | | | |  | | |  | |  |
| **3** | **Work Schedule & Attendance** | | | | | | | | |  | | |  | |  |
| **4** | **Customer-Oriented Communication** | | | | | | | | |  | | |  | |  |
| **5** | **Teamwork & Collegiality** | | | | | | | | |  | | |  | |  |
| **6** | **Policy & Safety Compliance** | | | | | | | | |  | | |  | |  |
| **7** | **Supervisory** *(if applicable)* | | | | | | | | |  | | |  | |  |
| **OVERALL RATING (required for Annual Appraisal only)** | | | | | | | | | | | | | | | | |
| **UNSATISFACTORY** *Consistently not meeting expectations* | | | | **BELOW GOOD** *Consistently performs  at or below expectations* | **GOOD**  *Consistently meeting  expectations* | | **VERY GOOD**  *Consistently performs  at or above expectations* | | | | **OUTSTANDING**  *Consistently exceeds  expectations* | | | | | |
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| **COMMENTS** | | | | | | | | | | | | | | | | |
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| **CORRECTIVE ACTION PLAN (required for all ratings of not meeting expectations)** | | | | | | | | | | | | | | | | |
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| **SIGNATURES FOR PERFORMANCE APPRAISAL** | | | | | | | | | | | | | | | | |
| **2nd – Level Supervisor:** | |  | | | | | | | **Date:** | | |  | | | | |
| **Supervisor:** | |  | | | | | | | **Date:** | | |  | | | | |
| I acknowledge that I have received this performance appraisal. I understand that my signature below does not necessarily imply agreement with the ratings given or the comments included, and that if I choose, I may write a response to include with this appraisal document. | | | | | | | | | | | | | | | | |
| **Employee:** | |  | | | | | | | **Date:** | | |  | | | | |
| **APPEAL RIGHTS** | | | | | | | | | | | | | | | | |
| For information on applicable appeal rights through the University System SHRA Employee Grievance Policy, please contact the Grievance Officer in Employee & Management Relations at (919) 843-3444 or emr@unc.edu. You can obtain a copy of the Policy on the Office of Human Resources website at http://hr.unc.edu/. | | | | | | | | | | | | | | | | |

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| **Employees must receive a competency assessment: 90 calendar days after starting in the position or after a reclassification;  as part of the annual performance appraisal process; or, any other time an assessment is appropriate.** |

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| **Dept. Name:** | | |  | **Employee Name:** |  | | | | | |
| **Dept. #:** | | |  | **Employee PID:** |  | | | **Position #:** | |  |
| **Supervisor Name:** | | |  | **Classification:** |  | | | | | |
| **Supervisor Title:** | | |  | **Pos. Comp. Level:** | **Contributing  Journey  Advanced** | | | | | |
| **Review Type:** | | | **90-day  Annual  Other** | **Date of Assessment with Employee:** | | | | |  | |
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| **#** | **LIST OF POSITION COMPETENCIES**  (For detailed descriptions of the competency standards,  please see the Office of Human Resources website.) | | | **EMPLOYEE COMPETENCY ASSESSMENT** | | | | | | |
| **Developing** | | **Applied** | | | **Broadly Demonstrated** | |
| **1.** |  | | |  | |  | | |  | |
| **2.** |  | | |  | |  | | |  | |
| **3.** |  | | |  | |  | | |  | |
| **4.** |  | | |  | |  | | |  | |
| **5.** |  | | |  | |  | | |  | |
| **6.** |  | | |  | |  | | |  | |
| **7.** |  | | |  | |  | | |  | |
| **8.** |  | | |  | |  | | |  | |
| **OVERALL COMPETENCY RATING:** | | | |  | |  | | |  | |
|  | | | | **No changes since last assessment** | | | | | | |
| **OVERALL COMMENTS** | | | | | | | | | | |
| **Supervisors must address the specific competencies and ratings that have changed since the last assessment. A development plan must be included for all ratings of Developing.** | | | | | | | | | | |
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| **SIGNATURES** | | | | | | | | | | |
| **2nd – Level Supervisor:** | |  | | | | | **Date:** | |  | |
| **Supervisor:** | |  | | | | | **Date:** | |  | |
| I acknowledge that I have received this competency assessment. I understand that my signature below does not necessarily imply agreement with the ratings given or the comments included, and that if I choose, I may write a response to include with this assessment document. | | | | | | | | | | |
| **Employee:** | |  | | | | | **Date:** | |  | |