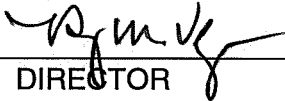


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Performance Review Policy	POLICY NO: AD-HR-03	Page 1 of 3
RESPONSIBILITY: Human Resources		
APPROVED BY:  DIRECTOR	EFFECTIVE: APR 23 2018	LAST REVIEWED/REVISED:

PURPOSE:

The purpose of this policy is to ensure that a consistent approach is followed for conducting Annual Performance Reviews, and that job-related skills, knowledge, and employee competencies and behaviors, are evaluated and compared against set standards and business objectives.

POLICY:

A. All Guam Behavioral Health and Wellness Center employees (probationary, classified, unclassified and contract) shall be evaluated on their work performance during the first six months of their initial employment and on an annual basis, and shall follow the Guam Department of Administration's Work Planning and Performance Evaluation System.

B. Performance evaluation shall be conducted within the following timeframe:

1. Probationary Employees first 6 months of service

- a. Initial Employment: work planning, to set goals, objectives and performance standards must be completed within one week of the effective date of hire.
- b. Mid-Probationary: formal performance evaluations shall be completed at the mid-point of a probationary period.
- c. Final-Probationary: formal performance evaluations must be completed at least one month but no later than the ending date of an employee's probationary period.

2. Classified Employees

- a. Steps 01 – 06 employees: formal performance evaluation is done every year with a mid-period performance evaluation done every 6 months.
- b. Steps 07 - 09 employees: formal performance evaluation is done every 18 months with a mid-period performance evaluation done every 9 months.
- c. Steps 10 and beyond: formal performance evaluations are done every 24 months with a mid-period performance evaluation done every 12 months.

C. The performance evaluation program shall enable each employee the following:

1. to clarify and identify job description and training need,
2. to strengthen supervisor/employee relationships,
3. to improve and receive regular feedback on his/her job performance,
4. to assist him/her become more effective in his/her position by setting goals, reviewing objectives and performance standards, obtaining guidance on job requirements and expectations; and
5. to determine employee performance status as it pertains to grant or deny pay increments, order of layoffs, whether a probationary employee shall be given a permanent appointment, whether disciplinary action is required, and suitability for promotion or renewal of contract.

- D. The performance evaluation, individual development plan, and performance improvement plan shall be used as the only evidence in the granting of pay increments. A satisfactory evaluation shall be the basis for awarding of pay increment. An unsatisfactory evaluation may be the basis for reassignment, demotion, dismissal or transfer.
- E. All new supervisory employees shall attend the work planning and performance evaluation system training provided by the Department of Administration within three months of commencement in a role.

DEFINITION:

Performance Improvement Plan (PIP): A developmental plan designed for the employee to meet specific performance standards within 60 calendar days of the PIP date. The PIP is to be used only when the employee is not meeting the established standards and must be issued 60 days before the formal performance evaluation is due, or when conducting the mid-term performance evaluation within the employee, or when the employee has been placed on light duty status (copy of doctor's certification with description for reasonable accommodation shall be attached), or when the employee has been on extensive leave for at least 60 days or more, or when the employee is not meeting performance standards.

Individual Development Plan: A plan outlining a course of action which can lead an employee to learn new job skills to be used for the present job, for future job goals, or for general career development. This will be utilized to outline the performance goal at the beginning of the performance period. This will be reviewed during the mid-performance evaluation and, if necessary, a new plan may be used for the remaining portion of the performance evaluation period to outline new goals.

RESPONSIBILITIES:

Supervisors: are responsible for reviewing and clarifying job descriptions, setting goals, objectives, performance standards, giving guidance on job requirements and expectations for successfully performing the duties of the position, and ensuring that formal performance evaluations are conducted in a timely manner.

Human Resources (HR): is responsible for providing Dept./sections with a list of Employees to be evaluated at least one (1) month in advance of the employee's scheduled increment date. If requested, HR will also provide a copy of a current position description.

PROCEDURE:

1. During the first week of an employee's commencement in a role, the Supervisor will work with the employee to develop a performance and work plan which will be reviewed and updated during the mid and formal performance evaluation session. The performance and work plan will outline job tasks and performance standards for each task, the employee's goals and objectives for a 12-month period. The Individual Development Plan form shall be utilized to document the performance objectives.
2. A mid-period performance advisory and evaluation shall be conducted within the probationary period of new employees, to document work progress and to help

- employees review how to do the work successfully or how to continue to work successfully.
3. Supervisors shall conduct a Mid-Period and formal Annual Performance Review with each employee at least thirty (30) days prior to the scheduled increment date of the employee's current step.
 - a. The supervisor and the employee being evaluated will both fill out pertinent sections of the Employee Evaluation Form and then meet to review each section of the form in detail.
 - b. After the evaluation interview, the supervisor will complete the evaluation form. The employee will review the form, add any comments he/she may wish to make, and sign the form. The supervisor will then also sign the form.
 - c. The evaluation form will be forwarded to the next higher administrative level for review, comment and signature if appropriate.
 - d. Completed and fully signed forms will then be sent to GBHWC Personnel Office to document completion and then to DOA-HR with copies routed to the employee and the departmental files.
 4. An Individual Development Plan shall be completed after each performance evaluation, which will outline the individual's development priorities for the following 12-month period, as well as reviewing any for the previous 12 months. Consideration should also be given to the individual's long-term career objectives.
 5. A Performance Improvement Plan may be completed as necessary, to document for a period of 60 days, for the employee to meet specific performance standards; or to monitor the performance of the employee when the employee has been placed on light duty status or when the employee was on extensive leave for at least 60 days or more.
 6. Periodic assessment and discussion of performance will be carried out throughout the course of the review period between Supervisors and each of their employees on an "as needed" basis.

REFERENCE(S):

- CARF International. (2017). Section 1.I Human Resources; Performance Management. In *Behavioral Health Standards Manual* (pp. 76-80).
- Gov. of Guam Department of Administration Supervisor's Instruction Handbook. (n.d.). Work Planning and Performance Evaluation System.
- Gov. of Guam Department of Administration Personnel Rules and Regulations. (n.d.). Ch. 10 Employee Performance.
- 4 Guam Code Annotated Public Officers & Employees Ch.6 Compensation of Public Employees §6202 Salary Increments

ATTACHMENTS:

- DOA WWPES Form
DOA Performance Improvement Plan
DOA Individual Development Plan

**GOVERNMENT OF GUAM
WORK PLANNING & PERFORMANCE EVALUATION SYSTEM**

EMPLOYEE: _____	SS 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. 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 reverse of this form.

COMMENTS ATTACHED	INDIVIDUAL DEVELOPMENT PLAN ATTACHED?	_____ EMPLOYEE'S SIGNATURE/DATE
<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> YES	
<input type="checkbox"/> SUPERVISOR	<input type="checkbox"/> NO	
		_____ SUPERVISOR'S SIGNATURE/DATE

II. WORK PROGRESS
This stage may take place at anytime during the rating period. Supervisor and employee meet to review the employee's work progress in relation to the established performance standards. Comments may be made on reverse side of this form under each job task, or attached on a separate form or 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. 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.

- Overall Advisory Rating:**
- Outstanding (Explain)
 - Highly Satisfactory (Explain)
 - Satisfactory
 - Marginal (Explain)
 - Unsatisfactory (Explain)

SUPERVISOR'S COMMENTS:

COMMENTS ATTACHED
 EMPLOYEE
 SUPERVISOR
 REVIEWER

EMPLOYEE'S SIGNATURE/DATE

SUPERVISOR'S SIGNATURE/DATE

REVIEWER'S SIGNATURE/DATE

IV. FORMAL PERFORMANCE EVALUATION and V. PERFORMANCE EVALUATION INTERVIEW
This is the final two stages of the evaluation process. The supervisor evaluates and the supervisor and employee meet to discuss the performance ratings assigned for the employee on each job task and overall for the rating period.

OVERALL PERFORMANCE RATING:	SALARY INCREMENT:
<input type="checkbox"/> OUTSTANDING (Explain)	<input type="checkbox"/> RECOMMENDED
<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> NOT
<input type="checkbox"/> UNSATISFACTORY (Explain)	

SUPERVISOR'S COMMENTS:

SUPERVISOR'S SIGNATURE/DATE

EMPLOYEE: AGREE

DISAGREE

EMPLOYEE'S SIGNATURE/DATE

COMMENTS:

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:

APPOINTING AUTHORITY: My signature below indicates that I concur with the Supervisor's evaluation of the employee, approve the recommended rating, and certify funds availability should a salary increment be recommended.

APPOINTING AUTHORITY'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:

- Exceeds Work Performance Standards (Explain)
- Highly Meets Work Performance Standards (Explain)
- Meets Work Performance Standards
- Barely Meets Work Performance Standards (Explain)
- Below Work Performance Standards (Explain)

COMMENTS:

FORMAL JOB TASK RATING:

- EXCEEDS Work Performance Standards (Explain)
- MEETS Work Performance Standards
- BELOW Work Performance Standards (Explain)

COMMENTS:

JOB TASK:

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

Work Progress Review Comments:

ADVISORY JOB TASK RATING:

- Exceeds Work Performance Standards (Explain)
- Highly Meets Work Performance Standards (Explain)
- Meets Work Performance Standards
- Barely Meets Work Performance Standards (Explain)
- Below Work Performance Standards (Explain)

COMMENTS:

FORMAL JOB TASK RATING:

- EXCEEDS Work Performance Standards (Explain)
- MEETS Work Performance Standards
- BELOW Work Performance Standards (Explain)

COMMENTS:

JOB TASK:

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

Work Progress Review Comments:

ADVISORY JOB TASK RATING:

- Exceeds Work Performance Standards (Explain)
- Highly Meets Work Performance Standards (Explain)
- Meets Work Performance Standards
- Barely Meets Work Performance Standards (Explain)
- Below Work Performance Standards (Explain)

COMMENTS:

FORMAL JOB TASK RATING:

- EXCEEDS Work Performance Standards (Explain)
- MEETS Work Performance Standards
- BELOW Work Performance Standards (Explain)

COMMENTS:

PERFORMANCE IMPROVEMENT PLAN

EMPLOYEE: _____ POSITION TITLE: _____
 DEPARTMENT: _____ DIVISION/UNIT: _____
 RATING PERIOD:
 FROM: (60 Days) _____ TO: _____
 Ext. (60 Days) _____
 Max: _____
 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

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

Appendix H PERFORMANCE IMPROVEMENT PLAN

EMPLOYEE: _____ **POSITION TITLE:** _____
DEPARTMENT: _____ **DIVISION/UNIT:** _____
RATING PERIOD:
FROM: (60 Days) _____ **TO:** _____
Ext. (60 Days) Max: _____

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

RECEIVED BY
GUAM BEHAVIORAL

**GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER
REVIEW AND ENDORSEMENT CERTIFICATION**

APR 23 PM 2:30

DO#042318-009

HEALTH & WELLNESS

The signatories on this document acknowledge that they have reviewed and approved the following:

Policy and Procedure

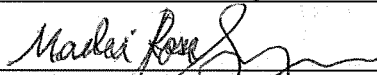
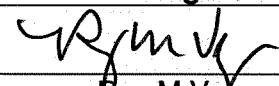
Submitted by: Maelei Rose Sampson

Protocol/Form

Policy No: AD-HR-03

Bylaws

Title: Performance Review Policy

Reviewed/Endorsed Title	Date	Signature
		
	Name Title	Maelei Rose Sampson Human Resources
Reviewed/Endorsed Title	Date	Signature
	APR 23 2018	
	Name Title	Rey M Vega GBHWC Director