



Human Resource Services

Management Evaluation of Work Performance Management Evaluation Instrument

Evaluatee: _____

Position: _____

Evaluator: _____

Site: _____

2.

3.

II. Intermediate Conference(s) Date(s): _____

A. Progress on Objectives *

1.

2.

3.

B. Comments on Performance Standards *



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 _____
(if needed) (Date) (Evaluator's Initials)