CONFIDENTIAL

WILKES Community College 2014 STAFF PERFORMANCE ENHANCEMENT PLAN

Name	
Position Title	
Division/Department	
Supervisor	
Supervisor's Title	
Period of Review	

TIME LINE FOR THE PERFORMANCE ENHANCEMENT PLAN				
February 1	The Human Resources Office distributes Performance			
	Enhancement Plan forms to begin the assessment process.			
February 1 – 20	The employee completes the self-assessment section of the			
	Performance Enhancement Plan based upon performance since			
	the last review and forwards the form to the supervisor.			
February 21 – March 9	The employee completes the Employee's Assessment of			
	Supervisor's Performance form and forwards it to the next level			
	supervisor.			
March 10 – 31	The supervisor completes the assessment and meets with			
	employee to review the Performance Enhancement Plan. For			
	supervisory positions, the senior supervisor will review the			
	Employee's Assessment of Supervisor's Performance.			
March 31 – April 15	Supervisor forwards Performance Enhancement Plan to senior			
	supervisor, if applicable.			
March 31 – April 15	Senior supervisor forwards Performance Enhancement Plan to Human Resources Office.			
April 16 – April 30	Human Resources Office forwards Performance Enhancement			
, , , , , , , , , , , , , , , , , , ,	Plan to the President.			
May 1 – May 15	President returns Performance Enhancement Plan to Human Resources Office.			
The Performance Enhancement Plan is filed in the employee's personnel file.				

EMPLOYEE'S SELF-ASSESSMENT

Performance Related to the Essential Functions Stated on the Employee Position Description and Objectives completed since last review:

Evaluate your performance based upon the essential functions outlined on your position description. Address areas of strength in the performance of your job as well as areas that need enhancement. (Attach additional support documentation/comments, if necessary.)

College service (membership on committees, offices held, participation in activities, etc.):

SUPERVISOR'S ASSESSMENT OF EMPLOYEE'S PERFORMANCE

Rating Scale 1 = Excellent

4 = Needs improvement

2 = Meets or Exceeds Expectations

3 = Developing

Performance Category		Rationale (Optional)		
Objectives				
Contributes toward achievement of system, college, and				
division/departmental goals				
Organizing and Planning				
Plans time and prioritizes work assignments resulting in minimal delays and				
duplication of efforts				
Initiative				
Displays energy and determination in overcoming obstacles, solving				
problems, and keeping the work flowing				
Judgment				
Demonstrates actions and decisions that are appropriate and based upon				
sound reasoning and common sense				
Knowledge of Work				
Understands work assignments and masters job skills				
Quality of Work				
Completes work in a thorough and accurate manner				
Communication				
Demonstrates effective oral and written communication skills				
Works with Others				
Shows respect for, cooperates with, and assists others				
Productivity				
Accomplishes acceptable volume of work in a timely manner				
Dependability				
Meets work schedules and honors commitments				
For Supervisory Positions Only				
Employee Relations				
Inspires confidence and respect; employees demonstrate high morale;				
encourages participation in goal setting and problem solving				
Organizing and Planning				
Identifies objectives for the area and develops plans to accomplish them;				
sets priorities for work area and arranges resources accordingly				

EMPLOYEE'S OBJECTIVES To be completed jointly by employee and supervisor				
Objectives for the Upo	oming Year:			
	EMPLOYEE'S PROFESSIONAL DEVELOPMENT F To be completed jointly by employee and supervisor	PLAN		
List Your Professional D	evelopment Activities Completed Since Last Review:			
Employee Professiona	I Development Plans for Upcoming Year:			
Area of Enhancement	Activities	Time Frame	Cost	

EMPLOYEE'S SUMMARY COMMEN	NTS (Optional)		
SUPERVISOR'S SUMMARY CO	OMMENTS		
SUPERVISOR S SUMMARY CO	DIVINIEN 13		
POSITION DESCRIPTION R	REVIEW		
Position Description Reviewed			
Updated Copy Submitted to the Human Resources Office (Position Description due to the Human Resources Office to	ov July 1, 2014)		
(Fosition Description due to the Human Resources Office L	oy July 1, 2014)		
Your signature indicates that your review was discussed with	h you. You may request to discuss this		
review with the next level administrator.			
Do you request to discuss this review with the next level administrator? No Yes			
Secondary employment discussed and, if required, form sent to P Employee's Signature	resident's Office. Yes Date		
Employee's Signature	Date		
Immediate Supervisor's Signature	Date		
Senior Supervisor's Signature, if applicable	Date		
President's Signature	Date		