



EMPLOYEE' NAME: (LAST, FIRST, MI)	POSITION TITLE	POSITION NUMBER
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Evaluation Period: From 07/01/ To 06/30/ **Standardized Review Period for all WMS Positions**

With the exception of legislative adjustments the Agency Director will determine whether fiscal resources permit consideration of additional selective salary adjustments based on sustained superior performance, internal/external alignment issues and recruitment/retention difficulties. Progression Pay is separate from COLA increases and is granted when fiscal resources permit recognition of consistent and independent sustainment of superior performance along with managerial growth and development. To be submitted through HR to TAG no later than October 1<sup>st</sup> each year for consideration.

**SECTION 1 – ASSESSMENT OF OVERALL PERFORMANCE**

The supervisor takes into consideration the overall performance of the employee, which includes the accomplishment of the Key Results and Competencies expected as noted in the PDP, workforce planning, staff performance development, and staff training requirements during this evaluative period. Document this information in Part 1 of the Annual Performance and Development Plan. (Signed document must be attached to this worksheet)

**SECTION 2 – GROWTH AND DEVELOPMENT**

The Manager/Supervisor assesses the employee's Growth and Development as demonstrated by achievement and application of Leadership competencies obtained as a result of employees successful focus on training and development as noted in Part 2 of the Performance and Development Plan.

**SECTION 3 –COMPENSATION REVIEW (TO BE COMPLETED BY HR WITH DIVISION DIRECTOR CONSULT)**

<p>A. Enter Position's Point Value : _____ JVACPoints.</p> <p>B. Enter Range of Consideration monthly salary figures for the Point Value (refer to WMD's WMS Salary Administration Plan) \$ _____ to \$ _____</p> <p>C. Date of last progression pay increase _____</p> <p>D. Employee's Current Salary: \$ _____ (Monthly).</p> <p>E. WMS Banding Review last completed on _____ (date)</p> <p>F. Total progression pay at current JVAC points _____ %</p>	<p>G. Employee is (check a box):</p> <p><input type="checkbox"/> Eligible for _____ % Progression Adjustment because employee has not reached the maximum of Range of Consideration.</p> <p><input type="checkbox"/> Not eligible for a Progression Adjustment , as the 10% Annually or 25% total maximum has been reached.</p> <p><input type="checkbox"/> Not eligible for a Progression Adjustment as the Employee is at or above the Range of Consideration.</p> <p>H. Recommend a progression adjustment based on eligibility and PDP assessment: _____ % Not to exceed 10%.</p>
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**CALCULATION OF NEW SALARY:** (Current Salary) x (percentage increase). Increase can be any fraction of a percentage but cannot exceed 10% annually or a total 25% for the duration of an appointment (or appointments at the same JVAC level).

<b>SALARY:</b> \$ _____	<b>EFFECTIVE DATE:</b> _____ <small>(NOT EARLIER THAN THE PDP COMPLETION DATE)</small>
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**SECTION 4 – SIGNATURES AND APPROVAL**

Forward this form along with the completed PDP through the supervisory chain.

SUPERVISOR SIGNATURE	DATE
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DIVISION DIRECTOR AND ATAG SIGNATURE	DATE
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HUMAN RESOURCE DIRECTOR SIGNATURE	DATE
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**TAG ACTION:**  **Approved**  **Disapproved** / **Comments:** \_\_\_\_\_

TAG SIGNATURE	DATE
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