POLICY STATEMENT

It is the policy of Claflin University to provide fairness, consistency, and uniformity in the administration of an effective performance-based (merit) compensation system designed to assess employee performance, recognize and reward employees for their job performances and contributions, and promote professional growth and development to fulfill the mission, goals, and objectives of the University.

STATEMENT OF PURPOSE

This policy establishes guidelines for the administration of the Performance Management System. The program will enable the University to define performance expectations, evaluate employee performance objectively and systematically, foster communication between manager and employee, emphasize professional career development, and provide a uniform process for pay increases and other personnel decisions.

APPLICABILITY

This policy is applicable to all full-time administrators and staff personnel who have completed their probationary period and have been granted full-time status with applicable rights as set forth by the University.

DEFINITIONS

- Defined Expectations/Goals – Essential duties and responsibilities of the position, such as deadlines, quantitative measures, projects and/or special assignments that are not specified on the Employee Performance Plan/Annual Evaluation Form.
- Employee Performance Plan/Annual Evaluation Form – This document defines the attributes (general factors and defined expectations and goals) the employee is required to achieve and the evaluation categories and definitions to be used to assess job performance throughout the evaluation cycle and to make the annual rating determination.
- Professional Development Plan - A plan of action that establishes clear instructions, identifies the required improvements necessary, and outlines steps
the employee should take to achieve the “meets” expectations and goals of the position when the job performance is at “needs Improvement” or “unsatisfactory” rating.

- Relevant supporting documentation – Copies of assignments, projects, activities, acknowledgements, valid complaints and/or certifications, training, membership, or other credentials received or completed and are maintained to support evaluation decisions and for record keeping purposes.
- Staff Employee Pre-Appraisal Form - A document designed to provide employees the opportunity to conduct a self-assessment of their job performance for review by their supervisors as a part of the annual performance evaluation.
- Supervisor/Manager – The person who serves as the immediate supervisor and evaluator.

PROCEDURES

Supervisors shall use the standardized Employee Performance Plan/Annual Evaluation Form to conduct the annual evaluation. The Plan is based on the duties and responsibilities outlined in the Employee Position Description and includes the general factors of the position. Defined expectations and goals are incorporated as necessary.

The Performance Management System

Performance Management is an on-going appraisal process that provides a consistent approach for administering, monitoring, and measuring performance objectively and systematically.

The performance management system is based on the following objectives:

- Recognize the efforts and contributions of current staff
- Reward staff with compensation directly linked to performance
- Motivate staff to improve performance
- Orient staff towards goal achievement
- Identify and support star talent of individual employees for potential succession planning

The Performance Plan

- Annual performance plans are due in the Spring based on written communications from the Office of Human Resources.
- Supervisors should provide a copy of the Employee Position Description to their employees prior to meeting with the employee to discuss the performance plan.
- Supervisors should explain how the general job factors and the optional defined goals/expectations contribute to the operation of the department and the overall achievement of the University’s mission.
- When Major/significant changes in the general job factors and/or the optional defined goals/expectations (job specifics expectations/projects, if required) occur
during the first six months of the performance cycle, the employee performance plan must be modified. The adjustments/changes must be reasonable and justifiable and discussed with the employee and reviewer.

- New employee performance plans must be completed, reviewed, and communicated to employees within 30 days of transfer or promotion. The former supervisor must complete an Interim Evaluation Form and forward it to the new supervisor if he/she supervised the employee for at least six months of the performance cycle.

The Performance Cycle
- The twelve-month period designated as the performance cycle will be the timeframe used for evaluating performance.
- Continuous communication and opportunities for feedback through discussion meetings should occur between the supervisor and the employee throughout the performance cycle to ensure clarification of job expectations.
- Employees should notify their supervisors immediately when they experience problems that prevent them from performing their duties and responsibilities.
- Documentation during informal and formal coaching sessions and meetings throughout the performance cycle are strongly encouraged.

Conducting the Employee Performance Evaluation
Supervisors/Managers will use the Employee Performance Plan/Annual Evaluation Form to conduct the interim and annual evaluations. Employees hired after December 31st should be evaluated but are not eligible for increases until the next performance evaluation cycle.

1. Interim Evaluations
   A. Interim evaluations are required to be conducted for all employees with unsatisfactory performance by November 5th or the Professional Development Plan date. The supervisor shall maintain the original form and send a copy with the appropriate signatures to the Office of Human Resources by November 15th.
   B. Supervisors/managers may conduct interim evaluations at any time during the performance cycle to advise employees of their progress toward meeting performance expectations or to document performance problems.

2. Annual Evaluations

   Staff Employee Pre-Appraisal Form
   Employees must complete a self-assessment of their job performance on the Staff Employee Pre-Appraisal Form for the performance evaluation cycle. Supervisors/Managers will review the Form and any relevant supporting
documentation included, as well as any documentation they have maintained throughout the performance cycle to complete the evaluation.

Understanding the Evaluation/Rating Categories and Definitions

The interim and annual performance evaluations are based on the following evaluation/rating categories and definitions:

- **Outstanding Performance**
  This evaluation is based on outstanding performance and accomplishments that substantially and consistently exceed expectations/goals for at least 70% of the general factors and the defined expectations/goals throughout the evaluation period. Performance is characterized by exceptionally high skill level, self-motivation and initiative, work quality and contributions far above the requirements, and demonstrated competency to assume higher levels of responsibility. An employee must receive at least one Acknowledgement of Outstanding Performance or relevant supporting documentation to validate the performance during the performance cycle to receive an overall evaluation rating of Outstanding Performance. However, an Acknowledgement of Outstanding Performance or relevant supporting documentation does not guarantee an overall performance rating of Outstanding Performance for the performance cycle. (Percentage of time delegated to each assignment must be considered).

- **Exceeds Expectations**
  This evaluation is based on job performance and accomplishments that meet expectations in all situations and exceed expectations for at least 50% of the general factors and the defined expectations/goals throughout the evaluation period. Performance is frequently at a high level. (Percentage of time delegated to each assignment must be considered).

- **Meets Expectations**
  This evaluation is based on job performance and accomplishments that meet the minimum level of all general factors and the defined expectations/goals throughout the evaluation period. In some instances, the employee may perform some of the job duties and responsibilities at a higher level.

- **Needs Improvement**
  This evaluation is based on job performance and results that do not satisfy all the minimum level requirements of the general factors and the defined expectations/goals throughout the evaluation period. The employee meets some requirements but generally fails to meet essential duties and responsibilities. A Professional Development Plan should be established to outline a plan of action to assist employees with improving quality of work, productivity, and the overall job performance required to meet the general and defined expectations/goals.
Inconsistency in job performance usually exist and may be directly related to the employee’s lack of knowledge, skills, abilities, and/or effort. A final performance evaluation of unsatisfactory performance may initiate a recommendation for non-reappointment.

- **Unsatisfactory Performance**
  This evaluation is based on job performance that is unsatisfactory (substandard/unacceptable) and fails to meet the general factors and the defined expectations/goals. Immediate and substantial improvements must be made. Employee usually requires close supervision, work quality is poor, and performance falls below expectations/goals in several essential job requirements and responsibilities. Unsatisfactory job performance may be directly related to the employee’s lack of knowledge, skills, abilities, and/or effort. A Performance Development Plan may have already been developed and discussed with the employee or may need to be established. To receive an overall evaluation rating of Unsatisfactory Performance, the employee must have received at least one Notice of Improvement Needed/Unsatisfactory Performance during the performance cycle or relevant supporting documentation to validate the unsatisfactory performance. A Notice of Improvement Needed/Unsatisfactory Performance or relevant supporting documentation does not necessarily mean the overall performance evaluation will be “Unsatisfactory.” However, employees who do not improve their job performance will receive a final performance evaluation of unsatisfactory performance and the supervisor may initiate a recommendation for non-reappointment.

**Disbursement of the Annual Performance (merit-based) Increases**

- The President will recommend the percentage of increase in the Board Budget Report. The Board of Trustees will review the report and a final decision will be determined.
- The annual performance increase will be effective on July 1 and reflected in the July 18 payroll check for institutional funded positions.
- The annual performance increase for employees who are in grant-funded positions will be effective at the beginning of the grant period and reflected in the payroll check on the 18th of the applicable month.
- The Office of Human Resources will review the performance evaluation forms.

**Appeals Process**

1. Employees who disagree with their performance evaluations may address their concerns with their supervisors. When satisfactory resolutions are not achieved employees have the right to the appeals process.
- Employees may appeal to the reviewer in writing within 7 days of the evaluation. The employee must clearly state the reason(s) for the disagreement and provide supporting documentation to refute the rating received during the evaluation.
• The reviewer must render a decision within 30 days of the written request to uphold or change the evaluation. If evaluations are changed, the provost/appropriate vice president or president must approve the change and submit the documents to the Office of Human Resources.

Record keeping
The Office of Human Resources at Claflin University will be responsible for maintaining all applicable documentation related to the Employee Performance Plan/Annual Evaluation. The final official performance evaluation documents will be maintained in the Office of Human Resources. The employee should be issued a copy and the supervisor should retain a copy for record purposes.

Documentation (Tools and Forms) Available on HR website -
http://www.claflin.edu/careers/forms.htm
• Acknowledgement of Outstanding Performance
• Employee Performance Plan/Annual Evaluation Form
• Employee Position Description
• Notice of Improvement Needed/Unsatisfactory Performance
• Professional Development Plan
CLAFLIN UNIVERSITY
PERFORMANCE MANAGEMENT
ACKNOWLEDGEMENT
OF
OUTSTANDING PERFORMANCE

<table>
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<tr>
<th>Name:</th>
<th>Employee ID#:</th>
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<tr>
<td>Position:</td>
<td>Department:</td>
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This form documents and recognizes you for exceeding expectations in the performance of your duties on at least 70% of the attributes/general factors throughout the evaluation period. You are commended for your exemplary accomplishments/performance.

Description of specific outstanding accomplishments/performance:

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<th>Supervisor’s Comments:</th>
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<th>Signature:</th>
<th>Date:</th>
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<table>
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<tr>
<th>Employee’s Comments:</th>
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<th>Signature:</th>
<th>Date:</th>
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Note: An employee must receive at least one Acknowledgement of Outstanding Performance during the performance cycle to be eligible for an overall “Outstanding
Performance” rating. However, receipt of an Acknowledgement of Outstanding Performance does not automatically entitle an employee to the “Outstanding Performance” rating.
Employee Name _____________________________ Position ____________________

Department _________________________________ Supervisor ______________________

Evaluation Period: From ______________________To _____________________________

Modified Employee Performance Plan/Annual Evaluation Date (if applicable): ________ (Must be signed by the reviewer, supervisor, and the employee).

**Instructions to Supervisor/Evaluator and Employee:**
Evaluators should refer to the Employee Position Description when developing the Employee Performance Plan/Evaluation Form. The evaluation should focus on the employee’s ability to perform the job duties and responsibilities and to meet the expectations and goals of the position. As necessary, the supervisor has the option to include defined expectations/goals for each attribute at the meet expectation level.

The evaluation must be discussed with the reviewer (the evaluator’s supervisor) before the evaluation is conducted with the employee. Evaluators should discuss the evaluation results with their employees and a copy of the evaluation must be given to the employees. Both the evaluator and the employee should sign the evaluation form. The employee’s signature only indicates that the employee received a copy of the evaluation and does not necessarily signify employee concurrence. Both employees and evaluators are strongly encouraged to include written comments. Upon completion of the final evaluation only and after the employee signs the form, the evaluator should give one copy to the employee, retain one copy for department files and forward one copy to the Office of Human Resources.

The evaluation/rating of the employee’s job performance must be indicated by checking the appropriate rating box to the right of each attribute. Use the following scale to evaluate/rate each attribute:

- Outstanding Performance
- Exceeds Expectations
- Meets Expectations
- Needs Improvement
• Unsatisfactory Performance

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<tr>
<th>ATTRIBUTES /General Factors</th>
<th>RATING</th>
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<tbody>
<tr>
<td><strong>JOB PERFORMANCE</strong></td>
<td>□ Outstanding Performance</td>
</tr>
<tr>
<td>The extent to which the employee ensures that assignments are well executed, thorough, effective, accurate, presentable, and completed within the established time frame. Optional: Defined Expectations/Goals -</td>
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<tr>
<td><strong>COMMUNICATION</strong></td>
<td>□ Outstanding Performance</td>
</tr>
<tr>
<td>The extent to which an employee is proficient, precise, and professional in oral and written communications and effective in providing information in a clear, complete, and concise manner. Optional: Defined Expectations/Goals -</td>
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<tr>
<td><strong>RELATIONS WITH SUPERVISOR</strong></td>
<td>□ Outstanding Performance</td>
</tr>
<tr>
<td>The extent to which the employee respects, responds, and adheres to supervisory directions, seeks counsel from supervisor on assignments and ways to improve performance, and receives input and recommendations. Optional: Defined Expectations/Goals -</td>
<td></td>
</tr>
<tr>
<td><strong>COOPERATION/WORKING RELATIONSHIPS</strong></td>
<td>□ Outstanding Performance</td>
</tr>
<tr>
<td>The extent to which the employee effectively interacts and collaborates with others. Employee must exhibit tact, courtesy, effectiveness, and positive interaction when relating with students, colleagues, subordinates, supervisors, customers, and the University community. Optional: Defined Expectations/Goals -</td>
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<tr>
<td><strong>ATTENDANCE AND RELIABILITY</strong></td>
<td>□ Outstanding Performance</td>
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<tr>
<td>The extent to which the employee demonstrates consistent attendance and punctuality, proper and timely notification to supervisor as appropriate, and the overall degree of reliability and dependability. Optional: Defined Expectations/Goals:</td>
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<tr>
<td><strong>INITIATIVE/CAPACITY TO DEVELOP</strong></td>
<td>□ Outstanding Performance</td>
</tr>
<tr>
<td>The extent to which the employee is self-directed, motivated, resourceful, and creative in meeting job expectations; following through on assignments; modifying or developing new ideas, methods, or procedures; and demonstrating the ability and</td>
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</table>
willingness to accept new and more complex duties and responsibilities.
Optional: Defined Expectations/Goals -

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<tr>
<th>ADHERENCE TO POLICY</th>
<th>□ Outstanding Performance</th>
<th>□ Exceeds Expectations</th>
<th>□ Meets Expectations</th>
<th>□ Needs Improvement</th>
<th>□ Unsatisfactory</th>
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<tbody>
<tr>
<td>The extent to which the employee adheres to departmental/university policies and procedures, campus safety rules, and applicable guidelines, regulations, etc.</td>
<td>□ Outstanding Performance</td>
<td>□ Exceeds Expectations</td>
<td>□ Meets Expectations</td>
<td>□ Needs Improvement</td>
<td>□ Unsatisfactory</td>
</tr>
<tr>
<td>Optional: Defined Expectations/Goals -</td>
<td>□ Outstanding Performance</td>
<td>□ Exceeds Expectations</td>
<td>□ Meets Expectations</td>
<td>□ Needs Improvement</td>
<td>□ Unsatisfactory</td>
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<tr>
<th>DECISION MAKING/PROBLEM SOLVING</th>
<th>□ Outstanding Performance</th>
<th>□ Exceeds Expectations</th>
<th>□ Meets Expectations</th>
<th>□ Needs Improvement</th>
<th>□ Unsatisfactory</th>
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<tr>
<td>The extent to which an employee demonstrates proper judgement, utilize problem solving and critical thinking skills, and exhibit good moral judgement.</td>
<td>□ Outstanding Performance</td>
<td>□ Exceeds Expectations</td>
<td>□ Meets Expectations</td>
<td>□ Needs Improvement</td>
<td>□ Unsatisfactory</td>
</tr>
<tr>
<td>Optional: Defined Expectations/Goals -</td>
<td>□ Outstanding Performance</td>
<td>□ Exceeds Expectations</td>
<td>□ Meets Expectations</td>
<td>□ Needs Improvement</td>
<td>□ Unsatisfactory</td>
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<tr>
<th>DIVERSITY</th>
<th>□ Outstanding Performance</th>
<th>□ Exceeds Expectations</th>
<th>□ Meets Expectations</th>
<th>□ Needs Improvement</th>
<th>□ Unsatisfactory</th>
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<tbody>
<tr>
<td>The extent to which the employee demonstrates a respect for the rights and property of all individuals regardless of gender, race, national origin, physical disability, economic background, sexual orientation, or religious beliefs.</td>
<td>□ Outstanding Performance</td>
<td>□ Exceeds Expectations</td>
<td>□ Meets Expectations</td>
<td>□ Needs Improvement</td>
<td>□ Unsatisfactory</td>
</tr>
<tr>
<td>Optional: Defined Expectations/Goals -</td>
<td>□ Outstanding Performance</td>
<td>□ Exceeds Expectations</td>
<td>□ Meets Expectations</td>
<td>□ Needs Improvement</td>
<td>□ Unsatisfactory</td>
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| OTHER DEPARTMENTAL SPECIFIC ATTRIBUTE (if applicable)   | □ Outstanding Performance | □ Exceeds Expectations | □ Meets Expectations | □ Needs Improvement | □ Unsatisfactory |

INTERIM EVALUATION

Reviewer Signature ____________________________ Date ____________
Evaluator Signature ____________________________ Date ____________
Employee Signature ____________________________ Date ____________

INTERIM EVALUATION

Reviewer Signature ____________________________ Date ____________
Evaluator Signature ____________________________ Date ____________
Employee Signature ____________________________ Date ____________
FINAL (ANNUAL) EVALUATION

Reviewer Signature ____________________________ Date _________________

Evaluator Signature ____________________________ Date _________________

Employee Signature ____________________________ Date _________________
My signature indicates that I have received a copy of this evaluation.

The final evaluation must be completed and submitted 3 weeks prior to the end of the Performance Evaluation Cycle.

Employee Comments (please include date and attach additional page, if necessary):

_____________________________________________________________________________
_____________________________________________________________________________

Evaluator Comments (please include date and attach additional page, if necessary):

_____________________________________________________________________________
_____________________________________________________________________________

OVERALL PERFORMANCE RATING

☐ Outstanding Performance
☐ Exceeds Expectations
☐ Meets Expectations
☐ Needs Improvement
☐ Unsatisfactory Performance

Evaluator/Supervisor Signature ____________________________ Date _________________
Performance Goals and Objectives

Instructions: Supervisors/Managers must complete this form and discuss with the employee the individual performance goals for the next evaluation period. The employee should be given an opportunity to provide feedback and make comments. The goals and objectives must align with those of the department and University.

What are some performance goals and objectives for the next performance and evaluation cycle?
1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________

Please comment on employee strengths and weaknesses. Discuss plans for the employee’s professional growth and development i.e., seminars, training, education, etc.

___________________________________________________________________________

Supervisor’s Overall Comments:

___________________________________________________________________________

___________________________________________________________________________

Employee’s Comments (optional):

___________________________________________________________________________

___________________________________________________________________________

Employee’s Signature: ___________________________ Date: _______________

Supervisor’s Signature: ___________________________ Date: _______________
The purpose of this form is to provide you the opportunity to identify goals, activities, interests, and other topics you wish to discuss with your supervisor as part of the annual performance evaluation process. Please attach additional documentation as needed to this form and return it to your supervisor by the date below. Your supervisor will review this information as part of your annual performance evaluation.

There will be a Performance Appraisal review meeting on _________________.

Please complete both forms and return to me by ________________________________.

**Supervisor’s Name**_____________________________ **Signature** __________________

---

1. Aspects of your job you would like to discuss with your supervisor:

2. Progress made toward the goals established by you and your supervisor last year:

3. Other accomplishments made since your last performance review:

4. Personal and/or professional activities that have enhanced your job efficiency this year:

5. Recommendations you would like to make to improve your position or the department’s effectiveness:

6. Areas where you need to make improvements: (please provide examples and suggestions)

7. Position you aspire to obtain within the next 1-3 years:

8. Outline what you are doing or would like to do to prepare for greater responsibilities:

9. Professional goals you would like to establish for the next performance cycle:
<table>
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<tr>
<th>CLAFLIN UNIVERSITY CORE VALUES</th>
<th>Disagree</th>
<th>Agree</th>
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<tbody>
<tr>
<td><strong>Integrity/Code of Ethics</strong></td>
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<tr>
<td>Adheres to the highest professional and ethical conduct in furthering the mission of Claflin University and supporting relationships between our institution and supporters.</td>
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<tr>
<td><strong>Commitment to Excellence</strong></td>
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<td>Consistent, high-quality performance, excellence, innovation, and creativity in the performance of job assignment.</td>
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<td><strong>Servant Leadership/Value People</strong></td>
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<td>Serves others, shows sensitivity to others with conflicting needs while resolving problems/issues, and demonstrating a positive attitude toward meeting others’ needs.</td>
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<td><strong>Responsibility</strong></td>
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<td>Committed to personal and social accountability as evidenced by good stewardship and efficiency that allow for optimization of resources.</td>
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<tr>
<td><strong>Panther Service Commitment</strong></td>
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<tr>
<td>Committed to greeting our customers professionally, listening effectively, and responding quickly.</td>
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_______________________________________________    ____________________________  
Employee Signature                                  Date completed by Employee

_______________________________________________     ___________________________  
Supervisor Signature                                Date reviewed by Supervisor
**INSTRUCTIONS:** This position description is an important document for determining the appropriate classification, pay range/band and measures for performance management. Please be sure that the information on this form is accurate and complete.

Gray shaded areas are to be completed by the Office of Human Resources.

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<tr>
<th>Name:</th>
<th>Occupational Family:</th>
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<th>Position Title:</th>
<th>Position Number:</th>
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<tr>
<th>Level:</th>
<th>Employee:</th>
<th>Manager</th>
<th>Supervisor</th>
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<th>Job Code:</th>
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<tr>
<th>Name of Supervisor/Title:</th>
<th>Pay Band:</th>
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<thead>
<tr>
<th>Department Name/Division:</th>
<th>FLSA Status: Exempt</th>
<th>Non-Exempt</th>
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**PURPOSE OF POSITION**


<table>
<thead>
<tr>
<th>DUTIES AND RESPONSIBILITIES</th>
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<tbody>
<tr>
<td>Prior to filling out the next section, consider the duties and responsibilities that are actually performed in this position. Consider the time spent on the duties and responsibilities, how important they are to achieving the objectives of this position and the processes or ways in which one performs these duties and responsibilities. After considering these aspects of this position, state the duties and responsibilities that are performed in this position in the following order:</td>
</tr>
<tr>
<td>1. State the most important (essential) duty first and finish with the least (marginal) important duty.</td>
</tr>
<tr>
<td>2. Calculate the percent each duty requires of the total working time. Make certain the percentages total 100%.</td>
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</table>
### PERCENTAGE OF TOTAL WORKING TIME

<table>
<thead>
<tr>
<th>%</th>
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<th>100% TOTAL</th>
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<td></td>
<td>Special Assignment(s)/Project(s)/Team Project(s)</td>
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### PHYSICAL DEMANDS AND ACTIVITIES

- **Lifting:**
  - Light (<20 lbs.)
  - Moderate (20–50 lbs.)
  - Heavy (>50 lbs.)

- **Standing**
- **Bending**
- **Reaching**
- **Climbing**
- **Sitting**
- **Repetitive Motion**
- **Pushing/Pulling**
- **Other ____________**

---

**EDUCATION • LICENSURE • CERTIFICATION (Required for Position)**
KNOWLEDGE, SKILLS AND ABILITIES

Knowledge – facts, information, procedures that are essential for the job.

•

•

•

Skills – are observable, quantifiable, and measurable actions that would be necessary to perform a specific job.

•

•

•

Abilities – typically these are mental processes, characteristics or qualities that would be necessary to perform a specific job.

•

•

•

Level and type of experience:

What work actions and/or decisions are made without prior approval?  
(Duties that are performed independently.)

List and explain internal and external contacts.
SIGNATURE LINES

Employee’s Signature: ____________________________ Date __________

Supervisor’s Signature: __________________________ Date __________

Vice President’s Signature: _________________________ Date __________

Attach an organizational chart showing this (employee’s) position within your department/division.
This form documents that you must make immediate improvements in the performance of your job duties/responsibilities to “meet” the job expectations/goals. A description of the “needs improvement and unsatisfactory performance” areas and the standard of improvement you must achieve are indicated below. Continued performance that fails to “meet expectations” may result in an overall “Unsatisfactory Performance” rating on the annual performance evaluation conducted in this performance cycle.

Description of specific performance deficiencies:

Performance Improvement Needed:

Supervisor’s Comments:

Signature:  Date:

Employee’s Comments:

Signature:  Date:
Note: An employee must receive at least one Notice of Improvement Needed/Unsatisfactory Performance during the performance cycle to receive an overall “Unsatisfactory Performance” rating. However, receipt of one Notice of Improvement Needed/Unsatisfactory Performance does not automatically warrant an “Unsatisfactory Performance” rating.
CLAFLIN UNIVERSITY

PROFESSIONAL DEVELOPMENT PLAN

This document outlines the requirements for job performance improvement.

EMPLOYEE NAME:_________________________________________________________

POSITION:_________________________________________________________________

DEPARTMENT:_______________________________________________________________

SUPERVISOR/EVALUATOR NAME:________________________________________

LAST EVALUATION DATE: _________________________________________________

PROFESSIONAL DEVELOPMENT PLAN ESTABLISHED DATE:______________

Employee Performance Improvement Summary

The supervisor must schedule a meeting with the employee to address the performance problems, identify job responsibilities that did not meet expectations/goals, and indicate the specific improvements that are needed to meet job expectation. The employee must be given an opportunity to discuss the performance issues to ensure complete understanding and clarity of expectations. Each job responsibility that the employee did not “meet” performance expectations must be listed with well-defined explanations and the steps the employee should take to achieve the “meets” expectations and goals of the position.

The supervisor must conduct periodic follow-up discussions to provide feedback to the employee, address on-going performance problems, and evaluate the employee’s progress. A new PDP must be completed for each follow-up review.

1. Job Responsibility:

   Specific Improvement Needed:

Follow-Up Review – Indicate the applicable performance status: Date____________

_____ Improvement Achieved       _____ Improvement Needed       _____ Unsatisfactory

2. Job Responsibility:

   Specific Improvement Needed:
Follow-Up Review - Indicate the applicable performance status: Date__________

_____ Improvement Achieved     _____ Improvement Needed     _____ Unsatisfactory

3. Job Responsibility:

   Specific Improvement Needed:

Follow-Up Review- Indicate the applicable performance status: Date__________

_____ Improvement Achieved     _____ Improvement Needed     _____ Unsatisfactory

4. Job Responsibility:

   Specific Improvement Needed:

Follow-Up Review- Indicate the applicable performance status: Date__________

_____ Improvement Achieved     _____ Improvement Needed     _____ Unsatisfactory

5. Job Responsibility:

   Specific Improvement Needed:

Follow-Up Review- Indicate the applicable performance status: Date__________

_____ Improvement Achieved     _____ Improvement Needed     _____ Unsatisfactory

6. Job Responsibility:

   Specific Improvement Needed:

Follow-Up Review- Indicate the applicable performance status: Date__________

_____ Improvement Achieved     _____ Improvement Needed     _____ Unsatisfactory

Signatures:

Employee: __________________________ Date: ________________

Supervisor: __________________________ Date: ________________

Appropriate Vice President: ________________ Date: ________________
Upon review and completion of the Professional Development Plan, a copy must be provided to the employee, retained in the department, and the original sent to the Office of Human Resources.