

SUBJECT: Competency Assessment Plan

ANNUAL REVIEW MONTH: October

RESPONSIBLE FOR REVIEW: Human Resources Director

LAST REVISION DATE: May 2005

I. PURPOSE:

To assure the selection and employment of a competent work force and to describe the mechanism for the verification of competence of employees of Central State Hospital.

II. APPLICABILITY:

This protocol is applicable to all full-time, part-time, temporary, and hourly employees of Central State Hospital.

III. DEFINITIONS:

Performance Management Form (PMF) is the performance plan, which specifies job and individual responsibilities, statewide responsibilities, performance expectations and terms and conditions of employment that the employee is expected to meet in order to have satisfactorily performed the duties of the position. The employee will receive the PMF within forty-five (45) calendar days of being placed in a new position. Performance responsibilities should be the same as job description duties; in essence, the PMF is the job description.

Management Review Form (MRF) is an interim review of the employee's work performance and adherence to terms and conditions of employment. Evaluating supervisors must meet with each employee **at least once** during the performance evaluation period to conduct **interim reviews** of employees' work performance and adherence to terms and conditions of employment. In addition, an MRF must be completed for an employee at the mid-point of a working test period.

Competency Assessment is a process of evaluating performance for effective application of knowledge, skills, critical thinking and attitudes required for performance in the work setting.

Competencies are job-related knowledge, skills, abilities, behaviors, and attitudes that are required to accomplish responsibilities for a given position.

SBO – Standard Basic Orientation

Age/Disability/Cultural Specific Competencies are identified on the PMF/ Competency Assessment Form and are used for performance evaluations, as well as to determine overall competency.

D. POLICY STATEMENT:

It is required that all employees meet minimum standards of competency, and where appropriate, must include age/disability/cultural specific competency as defined by Federal or State Law, the Rules of the State Personnel Board, DHR Human Resource/Personnel Policy, JCAHO regulations, or other applicable expectations.

It is the responsibility of the department head/supervisor to ensure that employees have a clear understanding of their job responsibilities and terms and conditions of employment. The department head/supervisor is also responsible for orientation, training and continuing education.

1. **PROCEDURE:**

<u>Responsibility</u>		<u>Action</u>
Regional Hospital Administrator/ Chief Executive Officer	1.	Has overall responsibility for compliance.
Human Resources Director/ Department Head/ Discipline Chief/ Supervisor	2.	Will ensure that an initial competency assessment be conducted during the interview process and continued through the general and unit/department orientations.
Human Resources Director/ Staff Development & Training/ Supervisor/ Department Head/ Discipline Chief	3.	Will ensure that each new employee attends Statewide Basic Orientation and: (a) is given information on terms and conditions of employment (b) that an assessment of the

employee's ability to fulfill specific responsibilities is completed. Attachment # 1 and # 2 should familiarize the employee with the job and with work environment before beginning any assigned duties. The process is designed to promote safe and effective job performance.

- | | | |
|---|----|---|
| Human Resources Director/
Discipline Chief/
Department Head/
Supervisor/
Staff Development & Training | 4. | Will ensure that the competency of staff is:
(a) defined by Performance Management Plans;
(b) assessed initially during the interview process and continued through SBO and Unit/Department orientation;
(c) maintained through training updates.
(d) evaluated periodically in conjunction with the performance review process;
(e) improved through ongoing education based on needs assessments and review of aggregate data findings;
(f) assessed/verified for cross-trained employees; and
(g) verified for preceptors of other staff or other staff providing training. |
| Staff Development & Training | 5. | Forward copy of post tests to the appropriate department /head/discipline chief/supervisor of the results of the competency assessment upon completion of General and/or Clinical Orientation. |
| Department Head/
Discipline Chief/
Supervisor | 6. | Ensures that an initial competency assessment was conducted during the interview process and |

continued through the General and
Unit/Department Orientations.

7. Will re-evaluate new employees who do not meet initial competency, & determine status of employment. Options for Department Head/Discipline Chief/Supervisor include:
 - (a) Re-cycle through all or parts of Orientation; retest within 30 days.
 - (b) Have employee report to assigned duty area for coaching, mentoring, etc., and re-evaluation within specified time.
 - (c) Recommend dismissal.
8. Will notify Human Resources Director if dismissal option is selected.
9. Will complete a Unit/Department orientation within the first 45 days of employment or whenever an employee is placed in a new position promotion, demotion, transfer or reassignment.

At a minimum, the Unit/Department Orientation will include the New Employee Unit/Department Orientation Outline, (Attachment # 2).

10. Will verify completion of Unit/Department Orientation on the New Employee Unit/Department Orientation Verification Form, Attachment # 3, within 45 days of employment for new employees or employees placed in a new position through promotion, demotion, transfer or reassignment. The form:

Department Head/
Discipline Chief/
Supervisor

- (a) signed by the employee
- (b) signed by the immediate supervisor
- (c) signed by the department head/
discipline chief
- (d) one copy maintained by Staff
Development & Training
and recorded on the Training
Record and one copy placed in
the employee's competency file.

Department Head/
Discipline Chief/
Supervisor

- 11. Will provide the new employee with a Performance Management Form, Attachment # 4, within 45 days of employment or reassignment.
- 12. Will complete and forward the Employee Competency Checklist (Initial Assessment), Attachment # 5.
- 13. Will establish and maintain competency file on each employee and will establish dates for periodic reviews. The competency file is maintained for each employee by the department head/discipline chief/supervisor. Files will be maintained in a secured location.

Information documented in the competency file and the productivity file should be used by the evaluating supervisor in completing the interim and annual evaluations.

The competency file will be a folder that is divided into sections that groups documents. At a minimum the following documents will be placed in the employee's competency file and grouped together:

Group 1
Employee Competency Assessment
Checklists

(Initial & Annual) Att. # 5 & # 7.

Group 2
Credentialing/licensing/
Certification

Group 3
Training Transcripts
Dept/Unit Orientation Verification

Group 4
PMF/MRF (Current & prior year)
Att. # 4 & # 8

Group 5
Competency Assessment Form Att. # 6

Group 6
Performance Diaries/
Written Reprimands/
Letters of commendation/
Appreciation

Department Head/
Discipline Chief/
Supervisor/
Reviewing Manager

14. Will document assessment of skills, equipment and credential requirements on the Competency Assessment Form, (Attachment # 6) during unit/department orientation, annually, or on an as needed basis (i.e.- new policy, new equipment, new responsibility or demonstrated difficulties). The required competencies and the methods used to assess those competencies will be verified on the Competency Assessment Form and maintained in the Competency file. If items covered on Att. #6 are on an existing Competency Assessment document, Att. # 6 is not required.
15. Will submit a completed Management Review Form (Attachment # 8) to the Human Resources Office at the designated time.

16. Will submit the completed annual Performance Management Form and the Employee Competency Checklist (Annual Assessment), (Attachment # 7) to the Human Resources Office at the designated time.

The signature of the Evaluating Supervisor & Reviewing Manager on the Employee Competency Checklist verifies the completion of all components of the Employee Competency Checklist.

TRANSFER OF EMPLOYEE
Releasing Department Head/
Supervisor

17. A completed (evaluation) annual Performance Management Form Attachment # 4 and an Employee Competency Checklist (Annual Assessment) Attachment # 7, will be forwarded to the Human Resources Office when an employee is transferred to another work unit.

The competency file will be forwarded to the receiving department head/supervisor.

CROSS TRAINING OF EMPLOYEE
Department Head/Designee/
Discipline Chief/
Supervisor

18. Will document the cross-training of an employee on the Unit/ Department Orientation Verification Form, (Attachment # 3). (Cross-training occurs when an employee is assigned to work in an area with a different job responsibility which he or she has not been previously trained or assigned to perform.)

HUMAN RESOURCES
FUNCTION TEAM

19. Will report annually the summary competency assessment results, to the governing body.

COMPETENCY DEFICIENCIES Leadership Team	20.	Will initiate corrective action or other steps when patterns and trends identify deficiencies in staff competencies.
Department Head/Discipline Chief	21.	May withhold salary increase, suspend, demote, or terminate (as deemed appropriate) an employee with competency deficiencies after consultation with Human Resource Management.

Approved:

This policy has been approved by the CMO and CEO on 7/21/06.

Attachments:

- Attachment 1 Basic Orientation
- Attachment 2 New Employee Unit/Department Orientation
- Attachment 3 Unit/Department orientation Verification Form
- Attachment 4 Performance Management Form (PMF)
- Attachment 5 Employee Competency Checklist (Initial Assessment)
- Attachment 6 Competency Assessment Form
- Attachment 7 Employee Competency Checklist (Annual Assessment)
- Attachment 8 Management Review Form (MRF)

Basic Orientation

Staff Participant Level Definitions:

- Level I Staff: Have occasional contact with consumers/family members. Example - business office staff
- Level II Staff: Have regular contact with consumers/family members, but not as a part of a clinical team. Examples - Engineering & Maintenance, Housekeeping, Food Services
- Level III Staff: Have frequent contact with consumers/family members as part of a clinical team. Examples - Nursing Services staff, Medical Staff, Social Work staff, Psychology staff, Activity Therapy staff

Basic Orientation Courses:

Terms and Conditions, Ethics
Mission, Vision and Values
Human Rights
Confidentiality
Performance Improvement
Safety and Emergency Preparedness
Mental Illness
Mental Retardation
Substance Abuse
Dual Disorders
Suicide and Homicide Precautions
Cultural Issues
Signs and Symptoms of Illness
First Aid, Heimlich
Infection Control
Person to Person Skills

End of O&T for Level I Staff

Therapeutic Intervention, Part 1

End of O&T for Level II Staff

Therapeutic Interventions, Part 2

End of O&T for Level III Staff

SAMPLEDepartments/Units should individualize the content to meet the needs of the department/unit and the Facility.

NEW EMPLOYEE UNIT/DEPARTMENT ORIENTATION

Employee's Name _____ Position _____

UNIT/DEPT. _____ SUPERVISOR _____

New employees are expected to complete a unit/department orientation that prepares him/her to perform their assigned duties. This orientation should introduce this employee to information, knowledge and skills essential to effective performance. Additionally, the employee should be checked for competency on certain skills, knowledge and equipment needed for job performance.

This document lists the minimum requirements for knowledge and skills applicable to all employees. The Service Director/Designee must identify and add those skills that are essential and specific to an employee's job.

TOPIC/SUBJECT

Introduce employee to other personnel

- Identify and introduce co-workers
- Identify/introduce by name, title and role other personnel this employee will interface with on a regular basis
- Identify other pertinent hospital personnel

SCOPE OF SERVICE: Describe in detail the services provided by this unit/department.

Familiarize employee with unit/department organizational structure (Use organizational chart)

- Identify employee's immediate supervisor
- Identify/explain other levels of supervision

Review/Discuss/Explain performance management procedure and plan

- Discuss/define employee's role (s) and responsibilities from PMF
- Discuss performance evaluation process, to include competency assessment
- Discuss evaluation periods
- Discuss Training Matrix, training requirements

Review unit/department attendance procedures/policy

- Review work schedule
 - Explain daily time schedule
 - Reporting time
 - Breaks
 - Lunch

- Signing In/Out procedures/requirements
- Discuss attendance expectations
 - Calling Out
 - Requesting sick and annual leave time
- Overtime (if applicable)
- Discuss/explain and sign FLSA FORM with employee. Form should be signed by employee and supervisor on first day and returned to HRD on the same day.

Introduce employee to work environment

- Familiarize employee with immediate work area
- Familiarize employee with other areas where work may be performed
- Familiarize employee with extended work areas, i.e. restrooms, break areas, cafeteria, storage areas, etc.
- Identify emergency exits
- Explain procedure/responsibility for unit/department security – locking up, opening areas, etc.

Discuss/explain importance of effective communication with customers

- Greeting customers in a courteous, friendly manner
- Providing clear, concise information or instructions
- Extending self to accommodate customers
- Responding to customers concerns, complaints, and criticisms timely

Review/explain Hospital's communication/information management systems

- Review/demonstrate features of the telephone system
- Emphasize appropriate telephone etiquette and responsibility
 - Review how telephone is expected to be answered
 - EX. State name, location, etc.
 - Offer to be of assistance
 - Take/verify message
- Emphasize responsibility for message being delivered.
- Explain internal mail distribution system
 - Explain types of mail distributions (see policy)
 - Explain how to address mail
 - Explain inter-office procedure for handling mail
- Explain external mail distribution
 - Explain who can use
 - Explain purchasing stamps for personal use
- Identify location of unit/department mail box
- Locate fax machine (s) accessible for use (if applicable)
- Emphasize importance of OFFICIAL BUSINESS USE ONLY for phones and fax machines

UNIT/DEPARTMENTAL SAFETY ORIENTATION

Locate/review contents of Emergency Medical Kit

Review procedure for announcing an emergency; employee demonstrate

- Review/demonstrate '310' call
- Demonstrate what to say when announcing an emergency
- Demonstrate how to cancel an emergency

Identify/explain components of fire safety system

- Locate fire alarm box; employee demonstrate use
- Locate fire extinguishers
- Locate sprinklers, smoke detectors
- Locate/explain building evacuation plan
- Review responsibility during a fire emergency
- Discuss procedures for fire drills

Review roles/responsibilities Emergency Disaster Plan

- Identify employee's role in emergency disaster (if any)
- Locate/explain Tornado Safe Area poster; locate areas identified
- Review – responsibility during fire emergency
- Locate/explain other safety posters in area

Review information on Hazardous Material Management

- Locate/demonstrate MSDS Book
- Review list and locate chemicals stored/used in department
- Explain procedure for handling contaminated materials, if applicable

Review reporting procedures for employee/patient injuries

- Discuss when to report, for whom, to whom
- Identify location of Incident/Accident Report forms
- Review Workers' Compensation information & procedures

Review emergency codes used in hospital

- Code Blue
- Code Stress
- Code Redball
- Code Yellow
- Discuss employee's role/responsibilities during any of the above emergencies

INFECTION CONTROL

Discuss/review Infection Control procedures, policies, techniques

- Review the importance of Handwashing; focus attention on posters located in bathrooms, kitchen areas
- Review concept of Universal Precautions
Discuss when special precautions should be used
- Discuss use of Personal Protective Equipment, if applicable
Discuss when to use PPE
Identify location of PPE
- Discuss when and to whom Infections should be reported
Individual or employee infections
Patient infections

PROFESSIONAL/TECHNICAL SKILLS

List any special skills that the employee is expected to demonstrate in this position. Define the procedure for assessing his/her competency of each skill. (See Competency Form)

EQUIPMENT

List all equipment that the employee will use in the performance of duties. Define the procedure that will be used to assess his/her competency on each piece of equipment.

Employee's Name _____ Position _____

UNIT/DEPT. _____ SUPERVISOR _____

INSTRUCTIONS: This page may be used to list additional Professional/Technical Skills and/or Equipment that the employee may be using. Please identify.

CENTRAL STATE HOSPITAL
MHDDAD / DHR - Hospital System

UNIT/DEPARTMENT ORIENTATION VERIFICATION FORM

INSTRUCTIONS:

Upon completion of the work area orientation, this form should be signed by the employee, supervisor, and DDO or Unit Director. The original form will remain in the employee's Competency File and a copy will be forwarded to the Staff Development & Training Department.

Employee's Name: _____

Employee I.D./ Payroll Number: _____

Unit/Department: _____

Date Orientation Completed: _____

I, _____, _____,
(Employee's Signature) (Date)

have completed and do understand all components of the Unit/Department Orientation.

I, _____, _____,
(Supervisor's Signature) (Date)

verify that the above named employee has successfully completed the Unit/Department Orientation.

I, _____, _____,
(DDO or Unit Director's Signature) (Date)

verify that the above named employee has successfully completed the Unit/Department Orientation.

Instructions for Use of the Performance Management Form (PMF)

General

The Performance Management Form (PMF) is used to document employee performance plans and two types of evaluations based on those plans. The evaluations documented on the PMF are:

- (1) annual performance evaluations leading to salary increase recommendations, and
- (2) evaluations performed at the end of working test periods to support permanent status decisions.

Please note:

- (1) To document permanent status decisions, agencies may choose to use the shorter Management Review Form (MRF), rather than using the PMF.
- (2) The MRF cannot be used to document a salary increase decision: a full evaluation, documented on the PMF, is required for the annual performance evaluation that determines salary increase recommendations.
- (3) The same PMF may be used to document both a salary increase decision and a permanent status decision, so long as:
 - (a) the same performance plan is in effect,
 - (b) the PMF documenting one type of decision has been completed no more than 90 days prior to the effective date for the other type of decision, and
 - (c) the agency policy does not require that a new PMF be completed.
- (4) A PMF must be completed and signed not more than 90 days prior to the effective date of a salary increase.

The PMF consists of nine sections:

- | | |
|--|-----------------------------------|
| 1: Employee Information | 6: Salary Increase Recommendation |
| 2: Performance Plan Signatures | 7: Employment Status |
| 3: Job and Individual Responsibilities | 8: Evaluation Signatures |
| 4: Terms and Conditions of Employment | 9: Employee Development Plan |
| 5: Overall Ratings | |

Additional pages may be attached to any section of the form if space is insufficient.

Planning

Prior to the beginning of the new performance period, the supervisor:

- enters in *Section 3* responsibilities and performance expectations for the employee and indicates which responsibilities are critical to the job;
- enters under Performance Expectations in *Section 4* any additional expectations related to terms and conditions of employment that are specific to the job or work unit;
- reviews the preliminary plan with his or her manager to ensure that the proposed responsibilities and expectations are appropriate in light of overall unit plans and work assignments.

In a planning session at the beginning of the performance period, the supervisor and the employee:

- discuss the responsibilities and expectations for the coming year, making changes or additions as necessary in *Section 3*;

- review the pre-printed "statewide" responsibilities in *Section 3* and check the boxes that apply to the employee and the job. (Each agency should have a policy on whether inclusion of any or all of these responsibilities is required on every employee's Plan or is discretionary on the part of the supervisor.);
- review the preprinted Performance Management Responsibility in *Section 3* and, if the employee directly supervises other employees, mark it as "Critical";
- review the expectations related to terms and conditions outlined in *Section 4*;
- identify any developmental or training goals for the upcoming performance period and enter in *Section 9*;
- enter signatures and dates in *Section 2*. (The PMF, with responsibilities and expectations entered, constitutes the employee's individual Performance Plan. After the Plan is reviewed and signed by the reviewing manager, the supervisor retains a copy, gives a copy to the employee, and processes/files other copies as directed by agency policy.)
- if a significant change is made to the Performance Plan during the year, following discussion of the change, the supervisor should have the employee sign in the indicated space in *Section 2*.

Annual Performance Evaluation

At the end of the performance period, the supervisor uses the Performance Management Form to document the evaluation of the employee's performance. The supervisor rates the employee's performance on the individual items in *Sections 3 and 4*. In *Section 9*, the supervisor notes any progress the employee has made in meeting developmental or training goals. In *Section 5* the supervisor enters an overall rating for Job and Individual Responsibilities and an overall rating for Terms and Conditions of Employment.

In *Section 6*, the supervisor indicates whether the employee is eligible for a performance increase. (Actual *awarding* of increases is subject to availability of funds and to modification of pay delivery policies.) In order to be eligible, the employee must receive an overall rating of Met Expectations or higher on the Job and Individual Responsibilities component of the evaluation. An employee who receives an overall rating of Did Not Meet Expectations on *either* Responsibilities *or* Terms and Conditions is *not* eligible for an increase. Employees receiving an overall rating of Needs Improvement on the Terms and Conditions may or may not be eligible for a performance increase, depending on individual agency policy.

The completed PMF is reviewed by the supervisor's manager. The supervisor then conducts the performance evaluation meeting with the employee. Both parties sign the document in *Section 8* to indicate that the meeting has taken place. After the PMF is signed by the reviewing manager, it is filed according to agency policy, a copy is given to the employee, and the supervisor retains a copy.

Permanent Status Review

If the PMF is used to document an evaluation leading to the granting of permanent status, the form is completed in the same way as for an annual performance evaluation, but instead of indicating a salary increase recommendation in *Section 6*, the supervisor puts a checkmark in the "Permanent Status Approved" box in *Section 7* (or puts checkmarks in both sections, if the PMF is being used simultaneously for both types of evaluation). Follow agency policy for filing and distribution of copies.

**State of Georgia
PERFORMANCE MANAGEMENT FORM
(PMF)**

_____ Department Name

_____ Print Date

_____ Department ID

Section 1: Employee Information

Last Name, First Name MI	Employee ID	Position No.	Performance Period From: _____ to: _____
Class/Job Title	Class/Job Number	Supv. Position No.	Supervisor's Title and Class/Job Number

Section 2: Performance Plan Signatures

<p align="center">Performance Plan Signatures--Employee</p> <p>I understand my job and individual responsibilities, the performance expectations, and the terms and conditions under which I am expected to work.</p> <p>Comments:</p> <p>_____</p> <p align="center">Date Employee Signature</p> <p>I understand the changes made to my responsibilities and performance expectations or terms and conditions.</p> <p>_____</p> <p align="center">Date Employee Signature</p>	<p align="center">Performance Plan Signatures--Supervisor/Manager</p> <p>I have discussed the job and individual responsibilities, performance expectations, and terms and conditions with the employee.</p> <p>Comments:</p> <p align="center">Date Evaluating Supervisor Signature</p> <p>I have reviewed the Performance Plan and find the requirements appropriate.</p> <p>Comments:</p> <p>_____</p> <p align="center">Date Reviewing Manager Signature</p>
<p><input type="checkbox"/> Annual Performance Evaluation <input type="checkbox"/> Permanent Status Evaluation <input type="checkbox"/> Personnel File <input type="checkbox"/> Employee Copy <input type="checkbox"/> Supervisor Copy</p>	
<p>Agency Official to whom request for review of the contents of this form should be submitted. (SPB Rule PAR 13.305)</p>	

Section 3: Job and Individual Responsibilities

Instructions: Describe the employee's key responsibilities. These may be Job Responsibilities (ongoing responsibilities typically performed by incumbents in the job) or Individual Responsibilities (responsibilities assigned to this particular employee, such as time-limited special projects or individual developmental goals). Indicate the responsibilities -- typically no more than three -- that are critically important to successful performance of the job. Describe performance expectations for each responsibility. At the end of the performance period, describe the employee's actual performance and indicate the rating achieved.

Job or Individual Responsibility	Performance Expectations	Actual Performance	Performance Rating
<input type="checkbox"/> Critical			<u>Expectations</u> <input type="checkbox"/> Did Not Meet <input type="checkbox"/> Met <input type="checkbox"/> Exceeded
<input type="checkbox"/> Critical			<u>Expectations</u> <input type="checkbox"/> Did Not Meet <input type="checkbox"/> Met <input type="checkbox"/> Exceeded
<input type="checkbox"/> Critical			<u>Expectations</u> <input type="checkbox"/> Did Not Meet <input type="checkbox"/> Met <input type="checkbox"/> Exceeded
<input type="checkbox"/> Critical			<u>Expectations</u> <input type="checkbox"/> Did Not Meet <input type="checkbox"/> Met <input type="checkbox"/> Exceeded
<input type="checkbox"/> Critical			<u>Expectations</u> <input type="checkbox"/> Did Not Meet <input type="checkbox"/> Met <input type="checkbox"/> Exceeded

Responsibility	Performance Expectations	Actual Performance	Performance Rating
<input type="checkbox"/> Critical			<u>Expectations</u> <input type="checkbox"/> Did Not Meet <input type="checkbox"/> Met <input type="checkbox"/> Exceeded
<input type="checkbox"/> Critical			<u>Expectations</u> <input type="checkbox"/> Did Not Meet <input type="checkbox"/> Met <input type="checkbox"/> Exceeded
<input type="checkbox"/> Critical			<u>Expectations</u> <input type="checkbox"/> Did Not Meet <input type="checkbox"/> Met <input type="checkbox"/> Exceeded
<p><u>Instructions:</u> Performance Management is a key responsibility of all supervisors and must be marked as critical on each supervisor's performance plan. Check "Not Applicable" only if employee does not supervise.</p> <p> <input type="checkbox"/> Not applicable <input type="checkbox"/> Critical </p> <p>Performance Management Responsibility</p> <p>Creates and maintains a high performance environment characterized by positive leadership and a strong team orientation.</p>	<ol style="list-style-type: none"> 1. Defines goals and/or required results at beginning of performance period and gains acceptance of ideas by creating a shared vision. 2. Communicates regularly with staff on progress toward defined goals and/or required results, providing specific feedback and initiating corrective action when defined goals and/or required results are not met. 3. Confers regularly with staff to review employee relations climate, specific problem areas, and actions necessary for improvement. 4. Evaluates employees at scheduled intervals, obtains and considers all relevant information in evaluations, and supports staff by giving praise and constructive criticism. 5. Recognizes contributions and celebrates accomplishments. 6. Motivates staff to improve quantity and quality of work performed and provides training and development opportunities as appropriate. 		<u>Expectations</u> <input type="checkbox"/> Did Not Meet <input type="checkbox"/> Met <input type="checkbox"/> Exceeded

Instructions: Listed below are responsibilities which support the State's strategic goals. If any of these "statewide" responsibilities do not apply, they should be marked "not applicable." Check the appropriate box to indicate whether the responsibility is "not applicable," "applicable" or both "applicable and critical."

Responsibility	Performance Expectations	Actual Performance	Performance Rating
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Applicable <input type="checkbox"/> Applicable and Critical Teamwork Encourages and facilitates cooperation, pride, trust, and group identity; fosters commitment and team spirit; works cooperatively with others to achieve goals.	<ol style="list-style-type: none"> 1. Communicates accurate information to others in a professional and courteous manner; conveys a willingness to assist. 2. Shows consideration for others, works cooperatively with any co-worker, provides constructive feedback without undue criticism of others; displays appreciation of differences in approaches, personalities, and viewpoints of others. 3. Solicits input of those who are affected by plans or actions; gives credit and recognition to others who have contributed; demonstrates concern for treating people fairly and equitably. 4. Accepts responsibility for own mistakes and takes action to prevent similar occurrences; works to resolve conflicts and to identify solutions in which all parties benefit. 5. Identifies team goals and ways to work with coworkers to accomplish those goals; works to keep group activities productive/focused on results. 		<u>Expectations</u> <input type="checkbox"/> Did Not Meet <input type="checkbox"/> Met <input type="checkbox"/> Exceeded
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Applicable <input type="checkbox"/> Applicable and Critical Customer Service Works and communicates with the general public, internal customers and/or external customers to provide information and quality services and/or products targeted to meet customer expectations.	<ol style="list-style-type: none"> 1. Treats customers with respect, courtesy and tact; listens to customer and interacts with customer as a person while maintaining business relationship. 2. Communicates with customers and obtains all information necessary to determine and address their specific needs; tactfully explains why, if service cannot be provided. 3. Offers options, as appropriate, so that customers can decide what they want to do; demonstrates fairness and good judgement when seeking possible exceptions or in going the extra mile to meet customers' expectations. 4. Responds to customers in manner and timeframe promised or follows up to explain status; demonstrates understanding of, and concern for, the customer's situation and perspective. 5. Provides clear, accurate information; explains procedures or materials or provides supplemental information; anticipates problems and questions; asks for customer feedback on procedures, products or services. 		<u>Expectations</u> <input type="checkbox"/> Did Not Meet <input type="checkbox"/> Met <input type="checkbox"/> Exceeded
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Applicable <input type="checkbox"/> Applicable and Critical Organizational Commitment Displays a high level of effort and commitment to performing work; operates effectively within the organizational structure; demonstrates trustworthiness and responsible behavior.	<ol style="list-style-type: none"> 1. Demonstrates eagerness to learn and assume responsibility; seeks out and accepts increased responsibility; displays a "can do" approach to work. 2. Shows persistence and seeks alternatives when obstacles arise; seeks alternative solutions; does things before being asked or forced to by events. 3. Works within the system in a resourceful manner to accomplish reasonable work goals; shows flexibility in response to process changes and adapts to and accommodates new methods and procedures. 4. Accepts direction and feedback from supervisors and follows through appropriately. 		<u>Expectations</u> <input type="checkbox"/> Did Not Meet <input type="checkbox"/> Met <input type="checkbox"/> Exceeded

Section 4: Terms and Conditions of Employment

Instructions: Every employee must be evaluated on each of the five categories of terms and conditions shown below. Specific performance expectations that pertain to the agency, the work unit, or the particular job should be entered under Performance Expectations. At the end of the performance period, describe the employee's actual performance and indicate the appropriate rating for each category.

Terms and Conditions	Performance Expectations	Actual Performance	Performance Rating
<p><u>Works When Scheduled</u> Works when scheduled; begins and ends work as expected; calls in according to policy when arriving late for work or when absent; observes provisions of Fair Labor Standards Act; observes policies on break and lunch periods; uses work time appropriately.</p>			<input type="checkbox"/> Did Not Meet <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Met
<p><u>Requests and Uses Leave Appropriately</u> Submits leave requests on a timely basis. Requests and uses the proper type of leave in accordance with established rules and policies. Provides documentation for use of leave when required.</p>			<input type="checkbox"/> Did Not Meet <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Met
<p><u>Dresses Appropriately</u> Presents a neat, clean appearance; dresses appropriately for job. Practices personal hygiene. Wears clothing suitable to job task and environment based on clientele served. Wears full, regulation uniform, if required.</p>			<input type="checkbox"/> Did Not Meet <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Met
<p><u>Observes Health, Safety and Sanitation Policies</u> Observes established policies on health, safety, security and sanitation; notifies proper authorities of circumstances or situations that present potential health hazards.</p>			<input type="checkbox"/> Did Not Meet <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Met
<p><u>Follows All Other Rules and Policies</u> Performs work according to rules, regulations, policies, and guidelines. Ensures required licensures and certifications are current. Does not improperly use or knowingly permit others to use state property improperly. Does not engage in activities other than official business during working hours. Does not engage in prohibited political activity. Does not report for work under the influence of alcohol or drugs.</p>			<input type="checkbox"/> Did Not Meet <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Met

Section 5: Overall Ratings		Section 6: Increase Recommendation
Overall Rating for Job & Individual Responsibilities	Overall Rating for Terms & Conditions	<input type="checkbox"/> NOT Eligible for Performance-Based Increase* <input type="checkbox"/> Eligible for Performance-Based Increase
<input type="checkbox"/> Did Not Meet Expectations* <input type="checkbox"/> Met Expectations <input type="checkbox"/> Exceeded Expectations	<input type="checkbox"/> Did Not Meet Expectations* <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Met Expectations	Section 7: Employment Status
		<input type="checkbox"/> Working Test/Permanent Status Approved <input type="checkbox"/> Not Applicable
* Note: Any employee rated in Section 5 as Did Not Meet Expectations is ineligible for a Performance-Based Increase		
Section 8: Evaluation Signatures		
<p style="text-align: center;">Employee Signature and Comments</p> <p>I have reviewed the contents of this form with my supervisor and have been advised of my ratings and employment status or increase eligibility status. I have made any comments I wish in this section. My signature does not necessarily indicate agreement.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%; text-align: center;"> _____ Date </div> <div style="width: 55%; text-align: center;"> _____ Employee Signature </div> </div>	<p style="text-align: center;">Supervisor/Manager Signatures and Comments</p> <p>This rating reflects my evaluation of the employee's performance. I have discussed this evaluation with the employee.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%; text-align: center;"> _____ Date </div> <div style="width: 55%; text-align: center;"> _____ Evaluating Supervisor Signature </div> </div> <p style="margin-top: 20px;">Reviewing Manager Comments (if any):</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%; text-align: center;"> _____ Date </div> <div style="width: 55%; text-align: center;"> _____ Reviewing Manager Signature </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%; text-align: center;"> _____ Date </div> <div style="width: 55%; text-align: center;"> _____ Appointing Authority Signature (optional) </div> </div>	
Agency Official to whom request for review of the contents of this form should be submitted. (SPB Rule PAR 13.305)		_____

Section 9: Employee Development Plan

Instructions: List developmental goals or areas for improvement that will be addressed by on-the-job development assignments and/or by formalized training experiences. Indicate actions to be taken by supervisor and/or employee and specify the time frame for their completion. At the end of the performance period, describe any progress the employee has made in meeting development or improvement goals.

Developmental Goals/Areas for Improvement (Employee's and Supervisor's Input)	Planned Development/Training Activities (Agreed Upon by Employee and Supervisor)	Actual Progress

Central State Hospital
Employee Competency Checklist
(Initial Assessment)

Employee Name: _____

Title: _____

DDO/Unit: _____

Date current license/
certification expires: _____

Indicate completion by placing a checkmark or write N/A if not required.	Due to Human Resources Within 45 Days
	Performance Management Form Reviewed and Signed
	Department Orientation
	Competency Evaluation: Skills Checklist/Equipment Checklist
	Verification of current licensure/certification (if required): Professional License CPR Commercial Drivers License State Drivers License

EMPLOYEE CERTIFICATION

I verify that I have received, reviewed, and understand my responsibilities as described in my Performance Management Form.

Employee Signature _____ _____
Date Evaluating Supervisor Date

SUPERVISOR CERTIFICATION

I verify that the above named employee has completed all of the above requirements applicable to the review period.

Evaluating Supervisor _____ _____
Date DDO/Unit Director Date

Central State Hospital / MHDDAD/DHR Competency Assessment Form

Employee Name: _____

Job Title : _____

Department or Unit: _____

Supervisor/Evaluator: _____

Skills/Equipment	Date	Method of Evaluation (written test, demonstration, other)	Evaluation Code			Supervisor, Evaluator Signature/Title (No Initials)	Add to PMF Developmental Plan Form		Follow-up Date
			Met	Not Met	NI		Yes	No	

CENTRAL STATE HOSPITAL

Employee Competency Checklist (Annual Assessment)

Employee Name: _____

Title: _____

DDO/Unit: _____

Date current license/
certification expires: _____

Indicate completion by placing a checkmark or write N/A if not required.	Due to Human Resources With PMF
	Performance Management Form Completed
	Mandatory Training Requirements Per Matrix and ongoing
	Competency Evaluation: Skills Checklist/Equipment Checklist
	Verification of current licensure/certification (if required): Professional License CPR Commercial Drivers License State Drivers License
	Annual Physical Screening

EMPLOYEE CERTIFICATION

I verify that I have received, reviewed, and understand my responsibilities as described in my Performance Management Form.

Employee Signature Date _____
Evaluating Supervisor Date

SUPERVISOR CERTIFICATION

I verify that the above named employee has completed all of the above requirements applicable to the review period.

Evaluating Supervisor Date _____
DDO/Unit Director Date

Instructions for Use of the Management Review Form (MRF)

General

The Management Review Form is designed to assist supervisors in providing performance feedback to employees. The form also serves as documentation that the supervisor and employee have met to review and discuss the employee's performance. The following types of reviews are documented on the MRF:

Working Test Mid-Point Review

By state statute, a management review must be completed within 10 calendar days of the date a classified employee has completed one-half of the working test period or as near to such date as is practicable.

Annual Interim Progress Review

An interim review of employee performance should occur approximately midway through the designated performance period.

Working Test/Permanent Status Review

A working test/permanent status review should be held just prior to the classified employee's permanent status effective date.

Other Reviews

The supervisor may wish to use the MRF to document other reviews that occur during the performance cycle; for example, performance reviews are recommended quarterly or as needed when the employee is experiencing difficulty in performing at the expected level.

Please note:

- (1) A review documented on the Management Review Form (MRF) must be based on the employee's performance plan.
- (2) The MRF cannot be used to document a salary increase decision; a full evaluation, documented on the Performance Management Form (PMF) is required for the annual performance evaluation that determines salary increase recommendations.
- (3) If an employee has been evaluated on the Performance Management Form for a salary increase decision no more than 90 days prior to the permanent status effective date, completion of a MRF is not required for documenting the award of permanent status.

Definition of Performance Status Codes

NI = Needs Improvement

(Performance in this area must improve in order to reach an acceptable level.)

M = Meets Expectations

(Performance has been acceptable for the time the employee has been on the performance plan.)

NA = Not Applicable

(The responsibility was not assigned during this period or there was no opportunity to observe it.)

Completing the Form

- (1) At the top of the form, indicate type of review being completed.
- (2) Fill in employee and agency identifying information.
- (3) Under Job and Individual Responsibilities, fill in the first few words of each responsibility statement from the performance plan, and then check the appropriate box to indicate performance status.
- (4) In the section headed Recognition/Comments, enter any positive comments (e.g., examples of outstanding performance) that apply to the employee's performance for the period of review.
- (5) Under Performance/Terms and Conditions Improvements Needed, describe any performance problems or shortcomings that need to be addressed in order to improve job performance.
- (6) In the Development Goals section, describe specific actions that need to be taken to address problems and improve performance.
- (7) If purpose of the review is to document awarding of permanent status, enter a checkmark in the "Permanent Status Approved" box.
- (8) Enter signatures and dates as indicated and follow agency policy for filing and distribution of copies.

- Working Test Mid-Point Review
- Working Test/Permanent Status Review

MANAGEMENT REVIEW FORM

- Interim Progress Review
- Other Review

Name			Employee ID.			Hire/Promotion Date											
Class/Job Title			Position No.			Review Date											
Company (Agency)		Department Name		Department ID		Review Period											
						From		To									
Statewide Responsibilities			NI	M	N/A	Terms and Conditions			NI	M	N/A						
1. Teamwork			[]	[]	[]	1. Works When Scheduled			[]	[]	[]						
2. Customer Service			[]	[]	[]	2. Requests and Uses Leave Appropriately			[]	[]	[]						
3. Organizational Commitment			[]	[]	[]	3. Dresses Appropriately			[]	[]	[]						
4. Performance Management			[]	[]	[]	4. Observes Health, Safety and Sanitation Policies			[]	[]	[]						
						5. Follows All Other Rules and Policies			[]	[]	[]						
Job and Individual Responsibilities (Give 4-5 word Identifier)									NI	M	N/A						
1.									[]	[]	[]						
2.									[]	[]	[]						
3.									[]	[]	[]						
4.									[]	[]	[]						
5.									[]	[]	[]						
6.									[]	[]	[]						
Recognition/Comments																	
Performance/Terms and Conditions Improvements Needed																	
Developmental Goals																	
I have discussed the contents of this form with my supervisor and have been advised of my performance status relative to the responsibilities/terms and conditions stated on my performance plan.				I have discussed the progress of this employee relative to the responsibilities/terms and conditions stated in the employee's performance plan.				Permanent Status Approved [] Not Applicable []									
Employee's Signature			Date			Supervisor's Signature			Date			Reviewing Manager's Signature			Date		

