## Attachment 1 WORK PLAN GOALS AND OBJECTIVES FOR MERIT INCREASE RATING

Employee #: Employee Name:						
Job Title:			Dept.:			
Appraisal Period: to		D	Date of Rating:			
Work Plan Goals and Objectives for current Appraisal Period:						
	Worl	k Plan Goals and	Objectives	s Rating Scal	e	
4	<u>All</u> goals were completed within or before assigned time frames with <u>no time management issues</u> . Projects were <u>exceptionally researched</u> , <u>planned</u> , and <u>implemented</u> ; Goals and Objectives were <u>consistently monitored by the employee</u> and <u>status reports</u> provided in a timely manner.					
3	Goals were completed within assigned time frames with <u>no significant</u> time management issues. <u>A few</u> time management issues were noted; projects were researched, planned and implemented with only a <u>few significant exceptions</u> ; goals were well-monitored and project status reports provided with only a <u>few significant exceptions</u> .				th only a <u>few</u>	
2	Goals frequently completed <u>within assigned time frames</u> with <u>several significant time management issues</u> ; projects were <u>frequently</u> well researched, planned and implemented, <u>but with several significant exceptions</u> . Goals and Objectives were frequently monitored and project status reported but with <u>significant exceptions</u> .					
1	Goals <u>only occasionally</u> completed within the assigned time frames; projects were <u>only occasionally</u> well-researched, planned and implemented; goals and objectives were <u>only occasionally monitored</u> and little or <u>no project status reports</u> were reported.					
Ratings of 1 or 4 require written documentation to be submitted with the rating to Human Resources.						
	W	ork Plan Goals a	nd Objecti	ves Rating		
	1 1.5	2	2.5	3	3.5	4
Employee Signature / Date  Immediate Supervisor Signature / Date				Date		
Department Director Signature / Date						
Employee Comments:		Superviso	or Comments	:		

### Attachment 2 MERIT INCREASE RATING FORM

Employee #:	Employee Name:	
Job Title:		Dept.:
Appraisal Period:	to	Date of Rating:

#### SOURCE OF RATING

SOURCE*	% WEIGHT PER SOURCE
Performance Feedback Summary Rating	
Work Plan Goals and Objectives Rating	

<sup>\*</sup>At end of the appraisal period, ensure source and % weight are consistent with the notification provided to employee previously in the appraisal period.

#### MERIT INCREASE RATING\*

Column 1	Column 2	Column 3	Column 4
SOURCE	% WEIGHT	OVERALL RATING	WEIGHTED
		PER SOURCE (1-4)	RATING (column 2
			X's column 3)
Performance Feedback			
Summary Rating			
Work Plan Goals and			
Objectives Rating			
MERIT INCREASE RATING (Sum of Column 4) **			

<sup>\*</sup>Attach completed rating forms for each source utilized.

Employee Signature / Date	Immediate Supervisor Signature / Date
Department Director Signature / Date	
Employee Comments:	Supervisor Comments:

<sup>\*\*</sup>Merit Increase Rating below 2.6 is not eligible for a merit increase. Written documentation is required for merit increase ratings of 1 or 4.

#### Attachment 3 MEMORANDUM

TO:	(Name of Employee)			
FROM:				
SUBJECT:	<b>Merit Increase Rating</b>	Source Notification		
DATE:				
positions and non-unwill be based on me based on their evaluation of both evaluated based on the properties of the combination of both evaluated based on	rit. Higher performing enated performance on the ack Form Summary rating at Workplan Goals and Othe rating scale included in	itions, if pay increases in mployees may receive a job. The merit increases or the Workplan Goal bjectives (for applicable in the merit pay policy.	are approved in the budget, a higher percent increase e rating may be based on the s and Objectives rating, or a e positions) will be	
Your merit increase rating for the toappraisal period will be				
based on the following	mg.			
SO	URCE	% WEIGHT I	PER SOURCE	
Performance Feedba	nck Summary Rating			

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Thank you for your valuable service to the citizens of Little Rock.

Workplan Goals and Objectives Ratings

# Attachment 4 WORK PLAN GOALS AND OBJECTIVES FOR NEXT APPRAISAL PERIOD

Emp	oloyee #:	Employee Name:	
Job '	Title:		Dept.:
App	raisal Period:	to	
GO	ALS AND OBJECTIV	ES FOR UPCOMING	YEAR:
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	Wa	and Dlan Cools and Obje	ectives Deting Cools
	VVO	ork Plan Goals and Obje	ectives Rating Scale
4	All goals were complete	ed within or before assigned ti	ne frames with no time management issues. Projects
			emented; Goals and Objectives were consistently
	monitored by the emplo	yee and status reports provided	I in a timely manner.
3	Goals were completed	within assigned time frames v	vith no significant time management issues. A few
	time management issues	s were noted; projects were re	searched, planned and implemented with only a few
		goals were well-monitored a	nd project status reports provided with only a few
	significant exceptions.		
2			nes with several significant time management issues;
		-	implemented, but with several significant exceptions.
	Goals and Objectives we	ere frequently monitored and p	project status reported but with significant exceptions.
1	Goals only occasionally	completed within the assigne	d time frames; projects were only occasionally well-
	-		ctives were only occasionally monitored and little or
	no project status reports	were reported.	
	1 0' / 5	<del></del>	
Emp	oloyee Signature / Date	ì	Supervisor Signature / Date