# PERFORMANCE MANAGEMENT PERFORMANCE PLAN CERTIFICATION ROSTER

**CYCLE YEAR:** _____ **DEPT./ORG. NAME:** _____

This roster is used to document the completion of performance plans (work plan) that are required for employees Subject to the Human Resources Act (SHRA). For new employees, the performance plan should be completed within the first 60 days of employment and the certification roster should be submitted to Human Resources upon completion. For continuing employees, the performance plan should be completed within 60 days from the date of the new rating cycle and the certification form should be submitted to Human Resources by May 30th.

Supervisors are to complete Part 1: Performance Plan on the Annual Performance Appraisal Form, provide a copy to the employee, and retain originals in the department. Department managers are responsible for completing and submitting this certification roster to Human Resources by the established deadline.

Please contact Linda Mangum at 336-285-3769 if you have questions regarding this roster or require additional information.

**COMPLETED WORK PLANS**

| EMPLOYEE NAME | DEPARTMENT | MANAGER/SUPERVISOR | DATE OF WORK PLAN REVIEW & COMMENTS |
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**INCOMPLETE WORK PLANS** *(A projected date of completion must be provided for each employee listed below.)*

| EMPLOYEE NAME | DEPARTMENT | MANAGER/SUPERVISOR | PROJECTED DATE OF WORK PLAN & COMMENTS |
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This is to certify that performance plans were prepared, reviewed, signed and a copy was given to each employee. The original performance plans will be maintained within my department. The names provided represent employees that are under my supervision/management.

Printed Name of Manager/Supervisor | Signature of Manager/Supervisor | Date of Certification