

Tampa Sports Authority

SUBJECT: Employee Performance

Number: 5
Replaced: 4, 10
Effective: 1/1/12
Revised: 12/12/11

A. Performance Evaluations

1. The Authority has a performance management system providing for the evaluation of classified and unclassified personnel and to provide a basis for pay adjustments, if awarded, according to their performance.
2. Unclassified Personnel:
 - a. All unclassified employees will be evaluated on the anniversary of their hire date by their immediate supervisor or on an designated date by their supervisor annually.
 - b. Unclassified personnel are required to be evaluated at least once annually by their immediate supervisor. Supervisors are to provide a mid-year verbal review comparing their previous annual performance review to their current performance. The mid-year review is designed to notify the employee if there are performance areas that may require further attention.
3. Classified Personnel:
 - a. All classified employees will be evaluated on the anniversary of their hire date by their immediate supervisor.
 - b. Classified personnel are evaluated twice a year per civil service rules. See Civil Service rule twelve (12) for further clarification on the unclassified employee evaluation process.
 - c. Supervisors performing evaluations of unclassified employees must complete training on how to properly perform an unclassified employee evaluation. The Human Resources department will provide training dates and maintain a log of Supervisors who have completed the training. In the event a direct Supervisor has not completed evaluation training prior to being required to provide an employee evaluation, the Supervisors direct Supervisor will oversee the evaluation process to ensure the evaluation is completed per Civil Service policy.
4. Annual pay adjustments for classified and unclassified employees, if any, will normally be determined by the Executive Director, based on recommendations from the employee's immediate supervisor, in September of each year. In the event pay adjustments are awarded, they will occur on Oct 1st of each year upon recommendation from the Executive Director and approval of the annual operating budget by the Board of Directors.

B. Performance Improvement Plan:

1. The intent of the Tampa Sports Authority is to prevent performance problems before they occur. However, not all employees are able to perform at a successful level without more detailed instruction and feedback than is generally given. This Performance Improvement Program emphasizes that in order to perform well, employees require clear performance standards and expectations. Under performing employees will be given an opportunity

to bring their performance up to an acceptable level through enrollment in the Performance Improvement Program (PIP).

NOTE: Civil Service Rule 12.9 further governs classified employees of the Civil Service System.

2. Responsibilities:

- a. Supervisors will provide clear performance standards and expectations to subordinates.
- b. Supervisors shall provide regular and frequent feedback on performance. Such feedback may be regularly scheduled or in unscheduled discussions.
- c. Supervisors shall recognize and reward good performance, informally and formally.
- d. Supervisors shall make full use of probationary periods to address and handle poor performance issues.
- e. Supervisor shall document counseling sessions and forward such records to Human Resources.

3. Procedures:

- a. The employee shall be notified in writing of intentions to enroll employee in PIP which includes:
 - i. Reasons for enrollment, specifically noting one or more work related weaknesses or deficiencies.
 - ii. Effective date of enrollment and duration.
 - iii. A copy of job description and associated standards and expectations.
- b. The employee shall be asked to sign the written record to indicate knowledge of its contents.
- c. Supervisor shall meet frequently with the employee to discuss performance improvement or lack thereof. PIP counseling forms shall be utilized to document progress.
- d. At the end of the performance improvement program, the employee shall be notified in writing, one of the following:
 - i. That job performance has improved to a successful or better level and PIP is discontinued.
 - ii. That job performance has not improved to a successful or better level and:
 - iii. That PIP may be continued for an additional specific period of time due to noticeable performance improvement.
- e. Appropriate disciplinary action will be taken up to and including dismissal.

4. Sample Notification Letters/Forms – (See Attached Pages 3-7)

a. Notification of Enrollment in the Performance Improvement Plan:

DATE: 9/1/11

SUBJECT: NOTIFICATION OF UNACCEPTABLE PERFORMANCE AND OPPORTUNITY TO IMPROVE THROUGH ENROLLMENT IN THE PERFORMANCE IMPROVEMENT PROGRAM

FROM: Name, Title

To: Name, Title

This notice is written confirmation that I am providing you with an opportunity to improve your performance to the Successful level. I have determined that your performance is unacceptable in critical elements of your position and therefore, a performance improvement plan (PIP) is required under Tampa Sports Authority Policy number 5. This PIP outlines your job responsibilities including standards and expectations. If you have any concerns about the PIP or you require additional guidance in following it, please let me know as soon as questions arise.

The PIP becomes effective today and will continue for calendar days. It is important to perform well under the standards set out in your performance plan, which is outlined in this notification. A copy of your job description is attached. By the end of the opportunity period, you must have brought your performance up to at least the Successful level on the elements in which you are currently unacceptable in order to avoid demotion, removal or reassignment. This PIP is to assist you in reaching that objective.

During the period of the PIP, you are to report directly to me for problems relating to your performance. Given the nature of my duties, I realize there are times when I may not be available for several hours at a time during the day. During these times, you should report any problems or address your questions to . Beginning at and every throughout the PIP, you and I will meet to discuss the quality of your work. Although I don't foresee any long-term absences on my part, if I am gone for a full week, will act on my behalf and meet with you to review your performance.

The deficiencies in your performance have centered on critical element(s): .

In the critical element of " ", your job responsibilities, standards and expectations are: . Currently, your performance on this critical element is at an unacceptable level due to . This type of performance is representative of the performance deficiencies you have been exhibiting over the past several months.

In order to achieve Successful performance in this element, you will need to .

To assist you in improving in this aspect of your job, .

I believe that if you use these written tools and our meetings to develop and hone your skills, you will be able to bring your performance to an acceptable level. You must meet and maintain the Successful level of performance on the critical element(s) listed above for 1 year from the beginning of the opportunity period. Failure may result in disciplinary action up to and including dismissal.

If you feel that you have a personal or medical problem that may be impeding your ability to perform your duties at an acceptable level, I suggest that you seek assistance through the Employee Assistance Program (EAP). This is a confidential program, and you may reach a counselor by calling 1-800-272-3626

Please sign the enrollment form, which serves only to acknowledge your receipt of this notice.

DRAFT

ENROLLMENT IN THE
PERFORMANCE IMPROVEMENT PROGRAM
AND RECORD OF COUNSELING

EMPLOYEE IDENTIFICATION DATA

Employee's Name SSAN Agency/Department

INITIAL ENROLLMENT COUNSELING SESSION _____
(STATUS FORM REQUIRED) REMOVAL (STATUS FORM REQUIRED) Date

SUPERVISOR'S COMMENTS AND RECOMMENDATIONS

- Enrollment in the Performance Improvement Program. _____
Date
- Continue Employee on the Performance Improvement Program. _____
Date
- Extend program for an additional 90 days. _____
Expiration date
- Employee is removed from the Performance Improvement Program based on successful performance of duty.
Effective _____
Date
- Remove Employee from the Performance Improvement Program as a result of: Leave of Absence
Transfer Other _____
- Employee is removed from the Performance Improvement Program and is pending disciplinary action in
accordance with Civil Service Rule 11. Effective _____
Date

Supervisor's Signature and Date

SUMMARY OF EMPLOYEE'S COMMENTS/RECEIPT ACKNOWLEDGEMENT

I hereby acknowledge receiving the notice/counseling summarized above and have the following comments (If none, so state):

Signature

Date

b. Notification of proposed Actions:

DATE: 9/1/11

SUBJECT: PROPOSAL TO [] FOR UNACCEPTABLE PERFORMANCE

FROM: [] Name, Title

To: [] Name, Title

This is to inform you that I propose to [] you from your position as [] and from the Tampa Sports Authority, for unacceptable performance. This proposal is based upon your unacceptable performance in the following critical element(s): []. This action, if taken, will be effective [].

On [], I issued you a memorandum stating my determination that your performance was at an unacceptable level in the critical element(s) of []. Attached you will find a copy of that notice. During the []-calendar-day opportunity period (From date [] to date []), you failed to achieve the required level of performance in the element(s) listed above. The specific reasons for this proposal follow.

During the opportunity period, I met with you every [], with the exception of [] (copies of counseling's attached). The purpose of those meetings was to provide regular and frequent feedback on your performance. As indicated in my notes from those weekly meetings, there was no noticeable improvement in your performance.

During the opportunity period, you were given every opportunity to improve to the Successful level but failed to do so. Based on your continued unacceptable performance and inability to perform the following requirements, [], I am proposing your [] from your current position and from the Tampa Sports Authority.

You will receive a written notice of the Executive Director's decision within [] days. You will remain in an active duty status during the notice period of this memorandum. If you do not understand the reasons given for proposing to [] you, you may contact me for further explanation. Please sign and date the attached copy of this memorandum, which serves only to acknowledge the date on which you received it.

Receipt Acknowledged

Signature

Date

c. Determination action due to unacceptable performance:

DATE: 9/1/11

SUBJECT: DECISION TO FOR UNACCEPTABLE PERFORMANCE

FROM: Name, Title

To: Name, Title

In a notice dated and received by you on , , proposed to you from your position of , and from the Tampa Sports Authority, on the basis of unacceptable performance.

I have carefully reviewed all the material that formed the basis for the proposal and find that the instance of unacceptable performance specified in the proposal notice of are sustained. Specifically your performance in the critical element, . I also find that you were given reasonable opportunity to demonstrate acceptable performance, but failed to do so. Therefore, I find that your for unacceptable performance is warranted.

Accordingly, it is my decision that you are from your position of , and from the Tampa Sports Authority, effective . You will be continued in an active duty status with pay until the effective date.

You may bring any questions you have about this to me and I will explain any points that are unclear to you. If you have questions about your rights or the procedures used in this matter, you may contact , the Human Resources Manager.

Receipt Acknowledged

Signature Date

d. Removal from Performance Improvement Plan for acceptable performance:

DATE: 9/1/11

SUBJECT: DECISION TO REMOVE FOR ACCEPTABLE PERFORMANCE

FROM: Name , Title

TO: Name , Title

This is to inform you that I am removing you from the Performance Improvement Program (PIP) effective . This decision is based upon your acceptable performance in the following critical element(s):

You must meet and maintain the Successful level of performance on the critical element(s) listed above for 1 year from the date you started in the Performance Improvement Program (PIP). Failure may result in disciplinary action up to and including dismissal.

Please sign the disenrollment form, which serves only to acknowledge your receipt of this notice.

Supervisor

Date

Executive Director Approval: _____ Date ____/____/____

TSA Board of Directors Approval Date ____/____/____