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AND ENTERPRISES (PHILIPPINES), INC.

2016 COACHING FORM (Part I - Expectations)

Employee Details:

| | | | | | |
|-----------------|--|--------------------------------------|--|-------------------|--|
| Employee Name: | | Immediate Supervisor: | | Date of Coaching: | |
| Position Title: | | Immediate Supervisor Position Title: | | Evaluation Date: | |
| Department: | | 2nd Level Supervisor: | | | |
| Reviewer: | | 2nd Level Supervisor Position Title: | | | |

Note: Review date must not be before or within the review period covered.

Area of Improvement Required:

COACHING DETAILS: Describe the job responsibilities, incident or behavior that needs to change and how the employee needs to change to meet expectations (include facts about events, dates, people, documents, etc.). Employee should understand that failure to meet and sustain acceptable performance or behavior will result in formal disciplinary action, up to and including termination of employment.

| # | Areas for Improvement | Expected Outcome (Goals) | Support from the Immediate Supervisor |
|---|---|--|--|
| 1 | List the 4 job performance factors that the employee needs to be coached on or behaviour or conduct that needs to be corrected. | For each job performance factor or behaviour, write below what specific results is expected from employee after the coaching period? | As immediate supervisor, list down the things that you will do to support the employee in achieving the goals listed in this document. |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Note to employee: You are expected to perform your job duties efficiently and effectively on a consistent and ongoing basis. Failure to show improvement in your job performance or behavior by stated deadlines and/or any future violations of the same or similar nature will subject you to further disciplinary action, up to and including termination of employment.



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EMPLOYEE ACKNOWLEDGMENT

| | | | |
|--|--------------------|---|--------------------|
| Immediate Supervisor's Acknowledgment I have discussed and thoroughly explained the Coaching Form to the employee. | | Employee's Acknowledgment receipt of COACHING By signing below I acknowledge that the expectations listed above have been thoroughly discussed to me and that I commit to working with my immediate supervisor to meet the expectations set forth in this document. I understand that my failure to meet the agreed goals/changes/improvements listed above can constitute to poor performance and may lead to further disciplinary measures up to and including termination of employment. | |
| | | | |
| Immediate Supervisor's Name and Signature | Date Signed | | |
| Second Level Manager's Acknowledgment I have reviewed and approved the Coaching Form. | | | |
| | | | |
| Second Level Manager's Name and Signature | Date Signed | | |
| | | Employee's Name and Signature | Date Signed |

End of Coaching Form (Part I – Expectations)

Note to Immediate Supervisor: Save a copy of this file. You will need to retrieve this during the evaluation date listed above. During the coaching date, you only need to print page 1 and 2 for employee's acknowledgment. During the evaluation date, print only pages 3 and 4



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2016 COACHING FORM (Part II - Evaluation)

| | | | | | |
|-----------------|--|--------------------------------------|--|---|--|
| Employee Name: | | Immediate Supervisor: | | Date of Coaching: | |
| Position Title: | | Immediate Supervisor Position Title: | | Evaluation Date: | |
| Department: | | 2nd Level Supervisor: | | Note: Review date must not be before or within the review period covered. | |
| Reviewer: | | 2nd Level Supervisor Position Title: | | | |

Instructions: Both employee and immediate supervisor will rate employee's performance on achieving the target job performance or behaviors that were identified during the coaching period. Immediate supervisor shall send this file first to employee for self-rating, and employee shall forward his filled up form to immediate supervisor for supervisor's rating.

| # | Areas for Improvement List the 4 job performance factors that the employee needs to be coached on or behaviour or conduct that needs to be corrected. | Expected Outcome (Goals) For each job performance factor or behaviour, write below what specific results is expected from employee after the coaching period? | Support from the Immediate Supervisor As immediate supervisor, list down the things that you will do to support the employee in achieving the goals listed in this document. | Employee Self-Rating (20%) | Supervisor Rating (80%) |
|--|--|--|---|----------------------------|-------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| Use this rating system to rate the performance: 0-Did Not Meet Expectations 1-Met Expectations 2-Exceeded Expectations No Entry - For Blank Tabs | | | | Average: | |
| | | | | Weighted Average: | |
| | | | | Overall Rating: | |



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Evaluation Scores and Recommendation

Due to the fact that the immediate supervisor is more objectively aware of the employee's relative contribution to the organization, the immediate supervisor rating will constitute 80% of the total average score, While the employee's self-rating is 20%.

| | | | | |
|--|---|--|--|--|
| SCORING MATRIX: The minimum acceptable rating for continued employment is 1.00 Meets Expectation 1.50 - 2.00 Exceeds Expectations. Performance consistently exceeded expectations in all essential areas of responsibility, and the quality of work overall was excellent. Goals were met. 1.00 - 1.49 Met Expectations. Performance consistently met expectations in all essential areas of responsibility, at times possibly exceeding expectations, and the quality of work overall was very good. The most critical goals were met. 0.99 and below - Did Not Meet Expectations. Performance was consistently below expectations in most essential areas of responsibility, and/or reasonable progress toward critical goals was not made. Significant improvement is needed in one or more important areas. | Employee's Final Rating | | Recommendation: | |
| | Other remarks about the recommendation (optional): | | | |
| | | | Effective Date of Recommendation: | |
| | | | Next Evaluation Date (in case of another coaching): | |

EMPLOYEE ACKNOWLEDGMENT

| | | | |
|--|--------------------|--|--------------------|
| Immediate Supervisor's Acknowledgment I have discussed the performance review document with the employee and advised the employee of his/her overall rating. | | Employee's Acknowledgment of PERFORMANCE REVIEW Document My supervisor/manager has reviewed and discussed the performance review document with me. My signature means that I have been advised of my performance status. | |
| | | | |
| Immediate Supervisor's Name and Signature | Date Signed | | |
| Second Level Manager's Acknowledgment I have reviewed and approved the performance review document and overall rating. | | | |
| | | Employee's Name and Signature | Date Signed |
| Second Level Manager's Name and Signature | Date Signed | | |

End of Coaching Form (Part II – Evaluation)

Note: Pages 1 and 2 are Part I – Expectations. No Part II shall be completed without completing Part I.