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**TARLAC STATE UNIVERSITY**

Tarlac City

**INDIVIDUAL PERFORMANCE COMMITMENT AND REVIEW (IPCR)**

(NON-TEACHING)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, commits to deliver and agrees to be

(*Name / Position) (Office/Unit)*

rated on the attainment of the following targets in accordance with the indicated measures for the period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(Rating Period)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ratee Date

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| --- | --- | --- |
| **ADJECTIVAL RATING** | **INDICATOR** | **PERCENTAGE** |
| 5 – Outstanding | Performance exceeded expectations by 30% and above of the planned targets. Performance demonstrated was exceptional in terms of quality, technical skills, creativity, and initiative, showing mastery of the task. Accomplishments were made in more than expected but related aspects of the target. | 130% and above |
| 4 – Very Satisfactory | Performance exceeded expectations by 15% to 29% of the planned targets. | 115% to 129% |
| 3 - Satisfactory | Performance met 90% to 114% of the planned targets.  However, if it involves deadlines required by law, it should be 100% of the planned targets. | 90% to 114%  100% to 114% |
| 2 – Unsatisfactory | Performance only met 51% to 89% of the planned targets and failed or more critical aspects of the target.  However, if it involves deadlines required by law, the range of performance should be 51% to 99% of the planned targets. | 51% to 89%  51% to 99% |
| 1 - Poor | Performance failed to deliver most of the targets by 50% and below | 50% and below |

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| Reviewed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unit Head/Director | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | Recommending Approval:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Vice President | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | Approved:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Representing Head of Office | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

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| **MFO** | **PAP** | **Success Indicators** | **Actual Accomplishments** | **RATING** | | | | **Remarks** |
| **Q** | **E** | **T** | **A** |
| 1. **GENERAL ADMINISTRATION SUPPORT SERVICES (GASS)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **GASS: TOTAL RATINGS/AVERAGE RATINGS** | | | |  |  |  |  |  |
| 1. **SUPPORT TO OPERATIONS (STO)** |  |  |  |  |  |  |  |  |
| **STO: TOTAL RATINGS/AVERAGE RATINGS** | | | |  | | | |  |

|  |  |
| --- | --- |
| **OBSERVATION/S OF SUPERVISOR** | **RECOMMENDATION** |
|  |  |

**Note**: If performance evaluation result is Unsatisfactory or Poor, Performance Improvement Plan shall be facilitated by the immediate supervisor.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Discussed with:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Employee | Assessed by:    I certify that I discussed my assessment of the performance to the employee.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unit Head/Director | Reviewed by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vice President | Recommended by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PMT | Approved by:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Representing Head of Office | **Weight Distribution** | | | |
| **Area** | **Ave. Rating** | **%** | **Weighted Ave.** |
| I. GASS |  | 90% |  |
| II. STO |  | 10% |  |
| **FINAL RATING:** | | | |
| **ADJECTIVAL RATING:** | | | |
| Date: | Date: | Date: |  | Date: |