**Competency Assessment Instructions**

* **Column 1: Competency –** Copy and paste functional competencies that apply into column one from UNCG Competency Profiles located on the HRS website at <http://web.uncg.edu/hrs/Class_Comp/CareerBandPlans/>.
* **Column 2: Demonstrated Knowledge, Skills and Abilities Supporting Level Assignment** – Indicate the demonstrated competencies based on supervisory observance and other methods of evaluation, as documented on interim/annual reviews, and other documented performance discussions. **For new hires**, document competencies based on review of applicant materials, interview content, and reference information and indicate justification.
* **Column 3: Initial Level** – Check the appropriate level based on demonstrated competencies.
* **Supervisor/Hiring Manager Justification:**  Justification for the band/level requested below, including objectives, expectations, or work unit changes
* **Signatures:** Document will need to be signed by the supervisor, department head or director, and the employee. The original should be maintained in the departmental personnel file. A copy of the document must be forwarded to Human Resource Services.
* **For new hires**, indicate the starting salary and effective date of hire.
* **IMPORTANT: Once the employee is hired:** Hiring manager must review the competency assessment with the employee and have the employee sign the document. Please submit a copy to Human Resource Services and retain the original for your records.

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| **Applicant/Employee Name:** | **Position Number:** | **Date of Competency Assessment:** |
| **Supervisors Name:** | **Position Title (Banded Title and Level of Position):** | |

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| **Primary Purpose of Position:** |

| **Functional Competency** | **Demonstrated Knowledge, Skills and Abilities Supporting Level Assignment** | **Level** |
| --- | --- | --- |
|  |  | Contributing  Journey  Advanced |
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| SUPERVISOR JUSTIFICATION:   |  |  | | --- | --- | | Band: | Level: Contributing  Journey  Advanced |   **Note: Band Level is subject to change based on performance/competencies demonstrated during the probationary period of evaluation.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Signature Date Department Head/Director Signature Date Employee Signature Date  **Note: Employee signature does not imply agreement with band placement or salary – only that the employee was given the opportunity to discuss it with the supervisor.** |