**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** |
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| SUPERVISOR JUSTIFICATION:

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| 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.** |