



# EMPLOYEE PERFORMANCE PLANNER

Incentive programs begin with planning. Therefore, this program planner has been designed to gather the necessary information to aid in the development process. By completing this planner with detailed information, we can assist you in structuring a successful program.

## COMPANY PROFILE

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Your type of business: Manufacturing  Distributor  Wholesaler  Retailer  Other

What are the overall products or services you provide? \_\_\_\_\_

When was your company established? \_\_\_\_\_

What is the approximate average hourly pay or annual salary for the program participants? \_\_\_\_\_

## INCENTIVE PROGRAM HISTORY

Has your company ever run an incentive program before? Yes  No

If yes, what were the main objectives? \_\_\_\_\_

When was the program run? \_\_\_\_\_

How long did it run? \_\_\_\_\_

What type of awards were used? \_\_\_\_\_

Were teams used? \_\_\_\_\_

Did you consider the program a success? Yes  No

What part of the program did you especially like? \_\_\_\_\_

Was there a part of the program that you didn't like? Yes  No

If yes, what didn't you like? \_\_\_\_\_

How much was spent on the program? \_\_\_\_\_

## PROGRAM OBJECTIVES

List the objectives that apply to your needs, in order of priority:

- |   |                                     |
|---|-------------------------------------|
| _____ Reduce Lost Time Accidents          | _____ Improve Productivity          |
| _____ Reduce OSHA Recordable Accidents    | _____ Improve Quality               |
| _____ Reduce Chargeable Driving Accidents | _____ Reduce Inspection Rejects     |
| _____ Reduce Driving Infractions          | _____ Improve Customer Service      |
| _____ Reduce Absenteeism                  | _____ Increase Employee Suggestions |
| _____ Reduce Turnover                     | _____ Improve Morale                |
| _____ Other (please specify) _____        |                                     |

Are you currently measuring the employees performance pertaining to your priority objectives? Yes  No

If yes, which ones and how? \_\_\_\_\_

\_\_\_\_\_

If no, how would you recommend that this be done? \_\_\_\_\_

\_\_\_\_\_

By which method do you measure employee performance? Department  Location  Teams

Individual  Other \_\_\_\_\_

How frequently do you measure the performance of your employees?

Weekly  Monthly  Quarterly  Other \_\_\_\_\_

Do you have ongoing training in the area of your priority objectives of this program? Yes  No

If yes, please describe the type of training, how frequently is it run, and if it is mandatory or voluntary.

\_\_\_\_\_

\_\_\_\_\_

## PROGRAM DATA

How many overall employees will be participating in this program?

\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Supervisors/Foremen

What department(s) are these employees in? \_\_\_\_\_

\_\_\_\_\_

If multiple departments, what is the breakdown of employees? \_\_\_\_\_

\_\_\_\_\_

For the program, can we group your employees into teams by shift, department, location, or other method?

Yes  No  If yes, which category? \_\_\_\_\_

How many employees will be on each team? \_\_\_\_\_

What is your program calendar? Start \_\_\_\_\_ Finish \_\_\_\_\_

Have you decided on a program theme? Yes  No

If yes, what is theme? \_\_\_\_\_

**If safety is your objective**, please indicate the number of employees per hazard level where employees are assigned:

\_\_\_\_\_ Hazard Level 1 (most dangerous)

\_\_\_\_\_ Hazard Level 2

\_\_\_\_\_ Hazard Level 3

\_\_\_\_\_ Hazard Level 4 (least dangerous)

What was last year's total number of work place incidents? \_\_\_\_\_

What was last year's total losses (in dollars) \$ \_\_\_\_\_

Are you self insured? Yes  No

## PROGRAM MANAGEMENT

Do you anticipate the programs administration will be managed at a: Central Level  Branch Level

Supervisors  Other? \_\_\_\_\_

Which of these administration methods do you prefer:

### Option 1

Your program administrator will track your employee performance and will be responsible to issue point checks to the employees who qualify. (Our point checks are a sequentially numbered, three-part carbonless form that can be typed on, run through a dot matrix printer, or hand written. The employee will receive two copies of the check and the administrator will keep one for their records. Points will be billed at the time of redemption.)

### Option 2

Your program administrator will track your employee performance and will be responsible to issue stamps to the employees who qualify. (Our stamps are individual stickers that are valued at one dollar each. Employees will receive a collection book to accumulate their stamps until they are ready for redemption. When we supply stamps to the program administrator we will also bill for the value of the stamps at that time.)

## PROGRAM SUMMARY

What is your estimated awards budget? \_\_\_\_\_

Is there a committee involved in reviewing this program? Yes  No

If yes, please describe who the committee is made up of (positions) and the number of members.

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Who will make the final decision about this program? \_\_\_\_\_

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When is your next scheduled planning meeting? \_\_\_\_\_