



Anchorage Municipal Employees Association, Inc.

520 E. 34th Avenue
Anchorage, Alaska 99503
907.565.8209
907.565.8195 fax

April 2, 2009

Dear AMEA Members,

Attached to this email is the sign-up sheet for the PIP program. It is the "PIP tracking form." Please go over the form with your supervisor and sign it. Keep a copy for your records. Also attached to this email is the PIP standards. Please review the standards with your supervisors.

In order to be eligible to participate in the PIP program you must be at step 6 of your pay grade. In addition, if you sign up for the PIP program you will no longer be eligible for the service recognition program. You will retain any service recognition raises you have already obtained.

Please fill out the form and submit to your supervisor in order to be eligible to participate the second quarter of 2009. If you have already signed up for the program there is no need to sign up again.

Any questions, please contact me at 343-8353 or email inglisjm@muni.org.

Thanks,
Jillanne M. Inglis
AMEA VP

**AMEA/MOA PERFORMANCE INCENTIVE PROGRAM
PERFORMANCE BASED CRITERIA**

I. EMPLOYEE CONDUCT

1. Employee conduct resulting in a disciplinary action report (DAR) will render an employee ineligible for that quarter. To do so, the DAR must be undisputed by the employee, settled, or resolved so that some discipline is either imposed or upheld in arbitration in accordance with the CBA. If the DAR is successfully challenged in arbitration, and the arbitrator completely exonerates the employee, the employee will be treated as eligible in this category.

II. SAFETY

1. Employee attends a minimum of two (2) safety meetings per quarter provided by the employer per the CBA. Safety meetings provided by the employer also includes safety training, seminars, Municipal and/or AMEA Safety Committee meetings and similar presentations attended on behalf of the MOA. If no safety meeting was provided to the employee by the employer, this will result in satisfactory completion of the safety meeting criteria for that quarter.
2. Follows departmental or MOA safety rules that have been provided and discussed with employee.
3. No documented unsafe act while conducting Municipal business that prevents the employee from performing the essential functions of the job.

III. DEPENDABILITY/RELIABILITY

1. Zero unauthorized absences in a quarter.
2. No more than one employee failure to follow departmental attendance policy and/or reporting process.

IV. APPROVAL - Approval for granting the performance incentive is made by the department head unless a formal appeal to the appeal committee has been made at which time the final decision will be made in accordance with the following guidelines:

1. Any employee appeals must be made within ten (10) business days after the performance criteria and assessment is discussed with the employee, unless otherwise mutually agreed by both parties.

2. A committee of the AMEA and MOA members shall be formed as an appeal committee. Members shall consist of two AMEA members and two MOA members selected by the AMEA and MOA respectively. The appeal committee shall attempt to resolve any appeals made by the employee which is alleged to have not met the criteria during any quarter. Appeals shall be filed and heard in an expeditious manner but not later than fifteen (15) business days after filing. If the committee is unable to resolve the matter to the employee's satisfaction, the appeal shall be heard by a Union designee and the Employee Relations Director or designee. Neither the AMEA nor the MOA representative may have served on the appeal committee. If the employee is not satisfied with the findings, the final appeal shall be to the City Manager. The decision by the City Manager shall not be grieved under the terms of this CBA.

A copy of these Performance Criteria shall be provided to the employee when the employee enters the 1st quarter of the Performance Incentive Program (PIP).

A M E A
Performance Incentive Program
Quarterly Tracking Form

Supervisor: Did this employee meet Performance Criteria? **Y=**yes **N=**no

JAN - MAR, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

APR - JUN, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

JUL - SEP, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

OCT - DEC, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

JAN - MAR, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

APR - JUN, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

JUL - SEP, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

OCT - DEC, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

JAN - MAR, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

APR - JUN, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

JUL - SEP, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

OCT - DEC, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

JAN - MAR, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

APR - JUN, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

JUL - SEP, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

OCT - DEC, 20 _____
____ Employee Conduct
____ Safety
____ Dependability/Reliability
Date Reviewed _____ / _____
employee supervisor

Employee acknowledges they have received a copy of the Performance Criteria at the beginning of the PIP:

Employee Signature _____ Date Employee Entered PIP _____

Original to be maintained by department.
Copy to be given to the employee after review each quarter.