



**SPMS Form 2: Office Performance Commitment & Review  
(OPCR) of Vice Presidents, Campus Administrators,  
Hospital Director, and Assistant Hospital Director**

**WEST VISAYAS STATE UNIVERSITY**

Documents No.

WVSU-PDO-SOI-02-F02

Issue No.

1

Revision No.

0

Date of Effectivity:

**August 1, 2018**

Issued by:

**UPDO**

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and Assistant Hospital Director**

I, \_\_\_\_\_ [name] \_\_\_\_\_, \_\_\_\_\_ [designation] \_\_\_\_\_, commit to deliver and agree to be rated on the attainment of the following targets in accordance with the individual measures for the period \_\_\_\_\_.

[signature above printed name]

Date: \_\_\_\_\_

RATING SCALE	<input type="checkbox"/> 5 - Outstanding
	<input type="checkbox"/> 4 - Very Satisfactory
	<input type="checkbox"/> 3 - Satisfactory
	<input type="checkbox"/> 2 - Unsatisfactory
	<input type="checkbox"/> 1 - Poor

[illegible]

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<b>AVERAGE RATING</b>									
<b>STRATEGIC FUNCTIONS</b>									
<b>CORE FUNCTIONS</b>									
<b>SUPPORT FUNCTIONS</b>									
<b>TOTAL OVERALL RATING</b>									
<b>FINAL AVERAGE RATING</b>									
<b>ADJECTIVAL RATING</b>									
Assessed By:	Date	Reviewed by		Date	FINAL RATING BY			Date	
Name:		Name:							
Position:		Position:							
		PMT			Head of Agency				