Duncan FINANCIAL GROUP

The
Employer Success Program
Performance Management Scorecard - Employment Issues

To more clearly understand your current situation; please complete The Performance Management Scorecard. Rate your level of confidence from 1-10, with "1" being the lowest confidence and "10" being the highest confidence. Your responses will assist us in better understanding your needs.

	1	2	3	4	5	6	7	8	9	10
1. How confident are you that you have a plan to manage the performance of my employees?	1	2	3	4	5	6	7	8	9	10
2. How confident are you that you have a plan to manage workers compensation claims?	1	2	3	4	5	6	7	8	9	10
3. How confident are you that you have an employee manual that is up-to-date, specific to your organization, and is aligned with your organization's goals?	1	2	3	4	5	6	7	8	9	10
4. How confident are you that your Experience Modification Factor is free from errors?	1	2	3	4	5	6	7	8	9	10
5. How confident are you that you have a plan to properly evaluate new employees?	1	2	3	4	5	6	7	8	9	10
6. How confident are you that you have a process designed to prevent hiring a future personnel problem?	1	2	3	4	5	6	7	8	9	10
7. How confident are you that efforts of your panel medical providers are in alignment with your return-to-work program, and your goal of reducing injury costs?	1	2	3	4	5	6	7	8	9	10
8. How confident are you that you are in compliance with federal and state Employment (HR) and Safety requirements?	1	2	3	4	5	6	7	8	9	10
9. How confident are you that your workforce is achieving its full potential?	1	2	3	4	5	6	7	8	9	10
10. How confident are you that you are hiring employees that meet the physical demands of the job?	1	2	3	4	5	6	7	8	9	10
11. How confident are you that you understand all the costs the insurance company ***does not pay*** when an employee gets injured?	1	2	3	4	5	6	7	8	9	10
12. How confident are you that your Supervisors are aware of their role before, and after an injury occurs?	1	2	3	4	5	6	7	8	9	10
13. How confident are you that you know how to manage your Experience Modification Factor to the minimum?	1	2	3	4	5	6	7	8	9	10
14. How confident are you that you understand the risk and dangers of an increasing Experience Modification Factor poses to your business?	1	2	3	4	5	6	7	8	9	10
15. How confident are you that you are not being overcharged on your Annual Workers' Compensation Premium Audit?	1	2	3	4	5	6	7	8	9	10
16. How confident are you that your safety programs are reducing the number and severity of injuries?	1	2	3	4	5	6	7	8	9	10
17. How confident are you that you are in compliance with Federal Workers' Compensation Acts?	1	2	3	4	5	6	7	8	9	10
18. How confident are you that your employees are getting the right medical treatment when injured?	1	2	3	4	5	6	7	8	9	10
19. How confident are you that your injured workers are returning to work and back to full productivity as soon as possible?	1	2	3	4	5	6	7	8	9	10
20. How confident are you that your company has coordinated Workers' Compensation, Group Health, FMLA, COBRA and ADA?	1	2	3	4	5	6	7	8	9	10
COLUMN TOTALS										

TOTAL SCORE=_____

If you would like to receive a customized report, based on your answers, that includes suggestions to improve based upon your answers, either complete the survey and email it to dleng@duncangrp.com, or you can complete online at **www.RoadMapBox.com**