



State of Hawaii

**CERTIFICATION OF PERFORMANCE
For Excluded Managerial Compensation Plan Employees**

Name of Employee _____

Position Title _____

Department _____

Division/Branch/Section/Unit _____

In accordance with the within-range-progression (WIRP) provisions of the applicable executive order, I certify that for purposes of determining creditable service, the above employee's performance from _____ (date) to _____ (date) has been satisfactory.

Reviewed By:

Supervisor's Signature

Employee's Signature

Date

Date

Program Administrator's Signature

Date