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FEB 25 2019

DEPARTMENT OF ADMINISTRATION ORGANIZATIONAL CIRCULAR NO. 19-010


To: All Departments and Agencies  
 From: Director, Department of Administration  
 Subject: Training Needs Assessment Survey

Buenas yan Háfa Adai! The training responsibilities of Department of Administration, is mandated by Title 5, §20302 and §20303 of the Guam Code Annotated. As such, DOA is conducting a Training Needs Assessment Survey of all Executive Branch line departments/agencies in support of the Governor's initiative to have a workforce trained and ready to meet the challenges facing our government.

The state of the government's finances, the condition of our local economy and the anticipated military buildup on our island, require this government and its employees to be efficient and effective in the delivery of government services. As such, training is an integral and critical part of the overall human resource management function, so we must take a proactive approach in the development that government employees are trained and their skills enhanced by experts in the various fields of government services. Your support of this initiative will ensure a qualified and effective government of Guam work force. We request that you complete the attached form and submit it to the Department of Administration's Division of Human Resources, Training & Development Branch, ATTN: Patrick Artero, by **March 26, 2019**. A copy of the compilation of training needs, by department, will be forwarded to the Governor and the Department of Labor for possible funding assistance.

If you wish, a copy of the survey may be electronically sent to your department. Please contact Patrick Artero at 475-1294.

Your cooperation and support is greatly appreciated.

  
 EDWARD M. BIRN

ATTACHMENT

DEPARTMENT OF ADMINISTRATION  
HUMAN RESOURCES DIVISION  
TRAINING & DEVELOPMENT BRANCH

## TRAINING NEEDS ASSESSMENT SURVEY

PLEASE COMPLETE AND SUBMIT THIS SURVEY NO LATER THAN:

26-Mar-19

**SUBMIT VIA MAIL:** Training & Development Branch  
Human Resources Division  
Department of Administration  
PO Box 884 \* Hagatna, GU 96932

**OR EMAIL:** [RaymondPatrick.Artero@doa.guam.gov](mailto:RaymondPatrick.Artero@doa.guam.gov)

**CONTACT NO.:** 671-475-1294

### I. DEPARTMENT/AGENCY INFORMATION

DEPARTMENT/AGENCY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_

CONTACT NO.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TOTAL NO. OF EMPLOYEES: \_\_\_\_\_

**TOTAL NO. OF EMPLOYEES enrolled in various training courses during FY2018** (Include programs located at the Department of Administration's Training & Development Branch AND others): \_\_\_\_\_

### II. TRAINING PLAN

Is an annual Training Plan developed in your organization:  Yes  No

Number of employees covered by this plan: Less than 10% \_\_\_\_\_ 50 - 70% \_\_\_\_\_  
10 - 30% \_\_\_\_\_ 70 - 90% \_\_\_\_\_  
30 - 50% \_\_\_\_\_ more than 90% \_\_\_\_\_

Is a needs assessment done to prepare the Training Plan?  Yes  No

Title of individual who develops your organization's Training Plan: \_\_\_\_\_

During which month of the year is the Training Plan developed: \_\_\_\_\_

To what extent is the Training Plan carried through?  Less than 25%  25 - 50%  
 50 - 75%  more than 75%

What factors may change the plan? \_\_\_\_\_

Comments/Notes about the Training Plan: \_\_\_\_\_

**III. RESOURCES/LOGISTICS**

Please indicate, using the scale below, the extent to which you think that each of the following factors will adversely impact your training decisions in Fiscal Year 2019.

LITTLE IMPACT → 1 2 3 4 5 ← MAJOR IMPACT

- Training funding \_\_\_\_\_
- Length of time employees are off-site to receive training \_\_\_\_\_
- Changing priorities/directions from agency management \_\_\_\_\_
- Employee turnover \_\_\_\_\_
- Other: \_\_\_\_\_

What was your training budget last fiscal year? \_\_\_\_\_

What is your projected training budget for next fiscal year (e.g., 10% or less, 20%, more) \_\_\_\_\_

Comments/Notes about Resources and Logistics: \_\_\_\_\_

**IV. TRAINING NEEDS ASSESSMENT SURVEY**

The following section consists of Categories and Sub-Categories of training courses. Use the scale below to indicate the level of **IMPORTANCE** of the subject matter to your respective Department/Agency.

Under Column 3, '**ESTIMATED NO OF PARTICIPANTS**', please indicate the estimated number of employees that might attend each course.

Please indicate '**N/A**' (Not Applicable) for a Category that does not pertain to your Department/Agency

Unimportant → 1 2 3 4 5 ← Highly Important

		Level of Significance	Estimated No. of Participants
<b>1</b>	<b>COMMUNICATIONS</b>		
	Conflict Resolution	_____	_____
	Briefing/Meeting Skills	_____	_____
	Public Speaking	_____	_____
	Other: (Specify) _____	_____	_____
<b>2</b>	<b>OFFICE PRODUCTIVITY/CUSTOMER SERVICE</b>		
	Quality Customer Service	_____	_____
	Effective Office Management for AA's	_____	_____
	Conducting Effective Meetings	_____	_____
	Other: (Specify) _____	_____	_____
<b>3</b>	<b>BUDGETS AND FINANCIAL MANAGEMENT</b>		
	Accounting	_____	_____
	Budget Formulation	_____	_____
	Financial Management	_____	_____
	Other: (Specify) _____	_____	_____

**IV. TRAINING NEEDS ASSESSMENT SURVEY (continued)**

Unimportant → 1 2 3 4 5 ← Highly Important

Level of Significance

Estimated No. of Participants

**4 QUANTITATIVE AND ANALYTICAL SKILLS**

Management Analysis \_\_\_\_\_

Planning Project Management \_\_\_\_\_

Program Analysis and Evaluation \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

**5 COMPUTER AND INFORMATION SCIENCES**

Database Management \_\_\_\_\_

Microsoft Office Suite:

Word \_\_\_\_\_

Excel \_\_\_\_\_

PowerPoint \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

**6 GENERAL PERSONNEL MANAGEMENT**

Recruitment \_\_\_\_\_

Employee Benefits \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

**7 POSITION CLASSIFICATION AND STAFFING**

Creation of Position \_\_\_\_\_

Amendment of Positions \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

**8 PERFORMANCE MANAGEMENT**

Work Planning & Performance Evaluation \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

**9 EMPLOYEE DEVELOPMENT**

Instructor Training (Train-the-Trainer) \_\_\_\_\_

Apprenticeship Training \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

**10 LABOR & EMPLOYEE RELATIONS**

Employee Grievance & Adverse Action \_\_\_\_\_

Sexual Harassment \_\_\_\_\_

Substance Abuse \_\_\_\_\_

Equal Employment \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

**V. TRAINING "WANTS" ASSESSMENT SURVEY**

The following section consists of Categories that may or may not be currently offered. However, dependent upon the level of interest, they may be considered for future training courses.

Use the scale below to indicate the level of **INTEREST** of the subject matter relative to your respective Department/Agency.

Under Column 3 '**ESTIMATED NO OF PARTICIPANTS**', please indicate the estimated number of employees that may be interested in attending each course.

Please indicate '**N/A**' (Not Applicable) for a Category that does not pertain to your Department/Agency

	Not Interested →	1	2	3	4	5	← Very Interested		
								Level of Interest	Estimated No. of Participants
1. ACCOUNTING SKILLS								_____	_____
2. ASSERTIVENESS TRAINING								_____	_____
3. BUDGET FORMULATION								_____	_____
4. COMMUNITY FIRST AID / CPR & SAFETY TRAINING								_____	_____
5. ASSERTIVENESS TRAINING								_____	_____
6. CONFLICT RESOLUTION								_____	_____
7. DEALING WITH DIFFICULT PEOPLE								_____	_____
EFFECTIVE OFFICE MANAGEMENT FOR ADMINISTRATIVE								_____	_____
8. ASSISTANTS								_____	_____
9. ETHICS IN GOVERNMENT								_____	_____
10. FINANCIAL MANAGEMENT								_____	_____
11. IMPROVING EMPLOYEE PERFORMANCE								_____	_____
12. MANAGING EMOTIONS IN THE WORKPLACE								_____	_____
13. PERSONAL EMPOWERMENT								_____	_____
PREPARING & CONDUCTING PERFORMANCE								_____	_____
14. EVALUATIONS								_____	_____
15. PROCUREMENT REGULATIONS & PROCEDURES								_____	_____
16. PUBLIC SPEAKING								_____	_____
17. QUALITY CUSTOMER SERVICE								_____	_____
18. SUBSTANCE & ALCOHOL ABUSE								_____	_____
19. SUCCESSFULLY MANAGING PEOPLE								_____	_____
20. SUPERVISORY MANAGEMENT								_____	_____
21. TIME MANAGEMENT								_____	_____
22. VIOLENCE IN THE WORKPLACE								_____	_____
23. OTHER: (Please specify):								_____	_____
								_____	_____
								_____	_____
								_____	_____

**VI. TRAINING NEEDS BY POSITION TITLE**

Please indicate specific training needs of Position Titles, e.g., Administrative Services Officer: Training in Procurement Regulations and Basic Bookkeeping in the Government.

If additional space is required, attach additional pages to this form.

**POSITION TITLE:** \_\_\_\_\_

General Training Needs: \_\_\_\_\_

Training Needs(s) Specific to Military Buildup: \_\_\_\_\_

**POSITION TITLE:** \_\_\_\_\_

General Training Needs: \_\_\_\_\_

Training Needs(s) Specific to Military Buildup: \_\_\_\_\_

**POSITION TITLE:** \_\_\_\_\_

General Training Needs: \_\_\_\_\_

Training Needs(s) Specific to Military Buildup: \_\_\_\_\_

**POSITION TITLE:** \_\_\_\_\_

General Training Needs: \_\_\_\_\_

Training Needs(s) Specific to Military Buildup: \_\_\_\_\_

**POSITION TITLE:** \_\_\_\_\_

General Training Needs: \_\_\_\_\_

Training Needs(s) Specific to Military Buildup: \_\_\_\_\_

**VII. EMPLOYEE EXPERTISE ASSESSMENT**

Is/are there employee(s) in your Department/Agency who possess the expertise to provide the training in the field/ subject listed as a Training Need in Item I of this assessment, or any other area that you think is valuable to share with other government employees? If so, please complete the following:

NAME OF EMPLOYEE / POSITION TITLE: \_\_\_\_\_  
CONTACT NO.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
AREA OF EXPERTISE: \_\_\_\_\_  
QUALIFICATIONS: \_\_\_\_\_

Do you think this area/field is related to prepare for the military buildup?  Yes  No

NAME OF EMPLOYEE / POSITION TITLE: \_\_\_\_\_  
CONTACT NO.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
AREA OF EXPERTISE: \_\_\_\_\_  
QUALIFICATIONS: \_\_\_\_\_

Do you think this area/field is related to prepare for the military buildup?  Yes  No

NAME OF EMPLOYEE / POSITION TITLE: \_\_\_\_\_  
CONTACT NO.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
AREA OF EXPERTISE: \_\_\_\_\_  
QUALIFICATIONS: \_\_\_\_\_

Do you think this area/field is related to prepare for the military buildup?  Yes  No

**VIII. SUBMISSION & ACKNOWLEDGEMENT**

NAME OF DEPARTMENT/AGENCY HEAD: \_\_\_\_\_  
PRINT

SIGNATURE OF DEPARTMENT/AGENCY HEAD: \_\_\_\_\_  
SIGNATURE

**THANK YOU FOR YOUR TIME & COOPERATION!**

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR TRAINING & DEVELOPMENT BRANCH.

