



PERFORMANCE PLANNING WORKSHEET FOR PROFESSIONAL EMPLOYEES

NAME: _____ JOB TITLE: _____

This worksheet should be given to the employee prior to the scheduled performance review. The employee should complete the worksheet and return it to the supervisor before the review. The supervisor should be prepared to discuss each section of the worksheet during the performance review. Following the review the supervisor and employee should sign the form. A copy of the form should be given to the employee, and the original sent to Human Resource Management for the employee's personnel file. If you need more space for any item, please use a separate sheet of paper and attach it to this worksheet.

Section I - Reviewing the Job Requirements: Note any important changes that have occurred in your job responsibilities since your last performance review. Also note changes you see occurring in the next 12 months that are likely to affect your job responsibilities.

Employee's Comments:

Supervisor: The odds are that some important changes have occurred, or will occur, in the employee's job responsibilities. Let the employee know what changes you see occurring in the work situation so that the employee knows what job assignments are most important and relevant. Consider the employee's skills and knowledge, and determine if additional training is needed. Document significant job changes on the job description.

Section II - Major Contributions or Accomplishments: Note the significant contributions you have made since your last performance review of which you are most proud. These accomplishments may include important projects or objectives completed, new ideas successfully implemented, or improvements that resulted in a decrease in the current rate of mistakes, ways to better help you meet deadlines, improved quality of the work, or increased customer satisfaction with the work.

Employee's Comments:

Section III - Obstacles to Effective Job Performance: Note "trouble spots" - things that happened that made you less effective than you could be. Obstacles to effective performance may come from resource limitations, the performance of subordinates or others, breakdowns in communication, your own attitudes or performance, or factors that are beyond your control. Note any suggestions you have for removing these obstacles.

Employee's Comments:

Section V - Objectives and Future Plans: Make notes concerning your performance plan for next year. Your ideas will serve as the basis, in part, for the objectives you and your supervisor will develop for the coming year. Here are some important questions to keep in mind when setting objectives: How satisfied are you with the quality of work you produced? Are there ways you could do the work that would decrease the current rate of mistakes, better meet deadlines, improve the quality of the work, increase customer satisfaction with the work? In terms of technology, what do you need now, what will you need in the future? What problems do you think should be addressed in the department? What can be done to reduce costs, serve the client better, improve productivity or quality?

Supervisor: Thinking through your discussion with the employee concerning her or his job responsibilities, contributions, obstacles to effective performance, and department needs, list below the performance objectives for the coming year. You and the employee should spend time discussing these objectives to assure they are realistic and in line with other goals of your department.

FUTURE PERFORMANCE OBJECTIVES

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

SUPERVISOR'S OVERALL RATING								
Improvement is Essential For Job Success			Performance on Target			Key Contributor Who Consistently Performs at a High Level		
1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's Comments:

SIGNATURES

Employee*

Date

Immediate Supervisor

Date

Dean

Date

* Signature shown only indicates this evaluation has been shared and discussed with me, and does not necessarily indicate agreement with its contents.