

Performance Development Program

Employee:

Job Title:

Department:

Date Due:

This form is to annually document that the following topics have been discussed. Supporting documentation should be retained by the department.

AGENDA	Check Off When Done
<ul style="list-style-type: none"> • Discuss employee's performance on primary responsibilities/priorities in the past year based on the employee's job description. <i>Revise job description questionnaire as needed. (If revised, submit questionnaire to the Office of Human Resources.)</i> 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Discuss employee's strengths/areas for growth in critical performance factors (see back). 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Discuss barriers to effective work performance and job satisfaction. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Discuss possible work process improvements. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Discuss employee's development (over past year; future needs for current job; long term career goals and development need to achieve them). 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Discuss whether employee continues to grow to meet future needs and demands of the changing environment. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Discuss employee's feedback/constructive suggestions for supervisor. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • <i>For Faculty/Administrator Use:</i> Discuss the employee's overall effectiveness and contributions relative to the evaluation criteria of teaching, advising, administration, community service, professional/scholarly activities and professional development as set forth in UPP7. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Discuss anything else the employee or supervisor would like to address. 	<input type="checkbox"/>

Supervisor/Employee Comments:

Employee meets or exceeds current expectations

Yes No *

These topics have been discussed by:

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

* If no, Performance Feedback Dialogue form to be completed (form available from HR)