

PERFORMANCE MANAGEMENT

Employee Input

Employee Name:		Social Security Number (or EI No.):
School:	Degree/Major:	Expected Graduation Date:
Company/Division:	Department:	Location:

A. What are your career objectives and how do you feel your job has contributed to your attainment of these objectives?

B. Are there any factors or limitations you will have to consider as you evaluate your career options?

C. List any other points you would like to discuss with your supervisor in the upcoming performance discussion.

D. Is there any input you would like to give your supervisor about his/her supervisory practice?

E. Overall, how would you evaluate your experience with your job? Please comment on the strengths, weaknesses, and any changes you would make.

Employee Signature:	Date:
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- *If more space needed, use reverse side.*

Performance Management – Supervisor

Name	Social Security Number (or EI No.)	Date
School	Degree/Major	Expected Graduation Date
Company	Department	
Location		
Supervisor Name		

I. Roles and Accountabilities, Objectives

A. Roles and Accountabilities: Describe the employer's roles and accountabilities. Indicate whether the accountabilities are individual, joint or team.

B. Objectives: List the objectives to be accomplished. Describe the expected outcomes and roles.

B1. Changes to Objectives where applicable. (*date and initial*):

C. List individuals who should have input into subsequent reviews regarding established objectives and dimensions, where applicable.

Performance Management

Employee Name	Date
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II. Performance Dimensions . . . continued

		Importance			Effective-ness		
		C	I	N	E	M	O
Teamwork:	Works and interacts effectively as a team member Balances individual and team effort Gains trust and respect of others Effectively utilizes interpersonal skills (e.g. managing conflict, negotiating) Other (specify)						
Comments:							

Performance dimensions not listed: (Technical, Functional, Business, etc.)	_____						

Comments:							

Roles and Accountabilities, Objectives, and "Importance" portion of Performance Dimensions have been mutually established and Supplemental Input individuals have been identified.	Employee's Signature	Date:
	Supervisor's Signature	Date:

III. Performance Review

A. Mid-Point Review Dates				
B. Comment on how well roles/accountabilities were met. Describe any significant activities suggesting performance which greatly exceeded accomplishing objectives and describe situations suggesting areas needing improvement. Indicate whether results were accomplished individually, jointly, or through team effort. Also note developmental activities in which the employee has participated that have enhanced a better understanding of the organization.				

Employee Name	Date
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IV. Formal Review Comments

Next level of management		
Comments:		

	Signature	Date:
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Other management (if applicable)		
Comments:		

	Signature	Date:
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Intern		
Comments:		

	Date:
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Performance Review and "Effectiveness" portion of Performance Dimensions have been mutually evaluated and reviewed.	Employee's Signature	Date:
	Supervisor's Signature	Date: