

# Cameron University Staff Performance Planning Form

Employee's Name:		Employee ID Number:	
Job Title:		Time In Position (Years and Months):	
Department Name:			
Review Period From:	Review Period To:	Supervisor:	Secondary Level Reviewer:
Type of Review: <input type="checkbox"/> Annual <input type="checkbox"/> Probationary Period <input type="checkbox"/> Other (specify):			Date:

**Planning Phase** – The supervisor and employee should mutually discuss core responsibilities, goals, objectives, and training needs for employment growth and development.

1. Identify the responsibilities on which the employee should be reviewed and assessed the next evaluation period. (A copy of the job description may be attached for this purpose.)

2. Identify objectives and performance standards that will assist the employee in achieving higher performance levels.

3. Identify training needs to assist the employee in achieving higher performance levels.

I have read and understand the goals, objectives and responsibilities, by which I will be assessed in the coming evaluation year.



Employee Signature:	Date:
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Employee Comments:

Evaluation Conducted By:	Title:
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Supervisor Signature:	Date:
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Supervisor Comments: