

EMPLOYEE/PROFESSIONAL DEVELOPMENT PLAN REVIEW FORM



(For Faculty and Staff)

Employee Name _____

Title _____

Department _____ Date of Hire _____

Evaluation Period: From _____ To _____

The supervisor and employee will determine whether there are any Employee Development Plan goals and objectives not completed from the previous evaluation period, and then complete the appropriate section below.

Section A: For employees who have met their Employee/Professional Development Plan goals and objectives, the supervisor will confirm that by signing in Section A, OR:

Section B: For employees who have not met all Employee/Professional Development Plan goals and objectives, the supervisor will list those not completed and continue until the new Performance Appraisal system begins in Winter Quarter 2012, AND/OR:

Section C: If applicable, corrective action(s) plans will be summarized and resolutions documented. The supervisor will also include a summary of:

1. Any action(s) previously identified as in need of correction;
2. Corrective action(s) prescribed by supervisor; or,
3. Outcome of corrective action undertaken by employee.

SECTION A:

Employee has satisfactorily accomplished his/her development goals and objectives from the previous evaluation period.

Supervisor Signature _____ Date _____

Dept. Head Signature _____ Date _____

Employee Signature _____ Date _____

SECTION B:

Employee has not satisfactorily accomplished his/her development goals and objectives from the previous evaluation period.

Employee/Professional Development Plan

(Use the area below to outline or list the goals and objectives from the previous evaluation period that will continue until the new Performance Appraisal system begins in Winter Quarter 2012)

1. _____
2. _____
3. _____
4. _____

SECTION C:

Summary of Corrective Action(s) and Outcome(s)

(If the employee has a current corrective action plan, where components are not included within the goals and objectives of the development plan, an update with any resolutions will be recorded here)

1. _____
2. _____
3. _____
4. _____

Supervisor Signature _____ Date _____

Dept. Head Signature _____ Date _____

EMPLOYEE

I have reviewed the assessment above with my supervisor and understand its content. My signature below does not necessarily mean I agree with the assessment.

Employee Signature _____ Date _____