**Performance Development Plan for Employees**

Employee Name: Employee ID#:

Position Title: Division/Section:

Supervisor: Period Covered:

The success of an organization is dependent on the individual performance of its employees. Successful performance management links individual work plans and performance to the organization’s mission and strategic/business plan.

The performance management process includes both formal and ongoing feedback.

This tool will:

* enhance communication between supervisor and employees;
* recognize the employee’s accomplishments;
* increase accountability through record of performance;
* identify a professional development plan; and
* solve problems in areas requiring improvement.

This section highlights the employee’s strengths and areas of improvement as well as identifies the employee’s core competencies and primary responsibilities with the Department. Consider the following guidelines for each area of work performance:

**Developing**: skills and behaviors at this level are those that are considered to be in need of enhancement. Performance is below that expected after training and experience. It is important to identify and focus on areas of development.

**Succeeding**: skills and behaviors at this level indicate competent performance. This level of performance should be demonstrated by most employees on a regular basis.

**Mastering**: skills and behaviors at this level demonstrate the highest level of performance and contribution to the organization’s future success.

|  |  |
| --- | --- |
| ***Trait*** | ***Comments*** |
| Job Knowledge/Duties |  |
| Knowledge of Department and Policies |  |
| Uses of Resources and Time |  |
| Responsibility |  |
| Communication |  |
| Working Relationships |  |
| Adaptability |  |
| Work Habits |  |
| Leadership Ability |  |

**Policy Review:** To ensure awareness and compliance with relevant policies, please initial policies as reviewed:

\_\_\_\_\_ Oath of Confidentiality

\_\_\_\_\_ Occupational Health and Safety

\_\_\_\_\_ Prevention of Harassment in Workplace

\_\_\_\_\_ Privacy and Protection of Personal Health Information

\_\_\_\_\_ Acceptable Use of Patient Records

\_\_\_\_\_ Attendance Management Policy

\_\_\_\_\_ Code of Conduct

\_\_\_\_\_ Personal Wireless Device

\_\_\_\_\_ Social Media Policy

\_\_\_\_\_ Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action Plan:** This includes work plan objectives and goals, performance development, performance improvement and training and development opportunities. Attach additional sheet if necessary.

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| --- |
| **Work Plan Goals:** |
| **Achievements Since Last Performance Review:** |
| **Education and Courses Since Last Review:** |
| **Development and Training Goals:** |
| **Employee’s Comments:** |
| **Reviewer’s Comments:** |

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc Employee  
 Personnel File