

PERFORMANCE PLANNING AND REVIEW DOCUMENT

Employee Name: _____ **Position Title:** _____
Hire Date: _____ **Review Date:** _____
Department: _____ **Supervisor's Name:** _____

| Items for Discussion | Supervisor's Comments (Required) |
|-------------------------------|----------------------------------|
| PROFESSIONALISM: | |
| Attitude | |
| Acceptance of Responsibility | |
| Dependability | |
| Professional/Personal | |
| Attendance | |
| WORK: | |
| Job Knowledge | |
| Work Quality | |
| Customer Service | |
| Communication | |
| Teamwork | |
| Flexibility | |
| Safe/Unsafe Work Practices | |
| OPTIONAL FACTORS: | |
| | |
| | |
| | |
| EMPLOYEE - INPUT FORM: | |
| Attached & Discussed | |

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Additional comments by Supervisor:

Comments by Employee:

Other performance issues discussed this review period:
 Yes - Please indicate if other documentation exists.
 No

Supervisors and employees are required to sign this form. Signatures indicate that the supervisor and employee have discussed performance and the comments written on this document. Signatures do not necessarily indicate agreement.

Supervisor Signature: _____ **Date:** _____

Employee Signature: _____ **Date:** _____

Next-Level Supervisor Signature _____ **Date:** _____

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Employee name: _____
Department: _____
Review Date: _____

PPAR - EMPLOYEE INPUT FORM

(Supervisors: Please add 3 additional questions, either from the list of suggested questions, or questions of your own.)

- 1. Identify two key projects and/or goals you would like to accomplish in the next review period and what you need to accomplish these projects and/or goals.

- 2. How can I as your supervisor provide more feedback/support to you?

- 3.

- 4.

- 5.