

Appendix E.2. Performance Objectives and Development Plan

Employee	Position Title	Activity/Department
Period Covered From _____ To _____	Anniversary Date	Supervisor

Directions: The employee and the supervisor should identify critical areas that need improvement, and/or areas to enhance, and together set objectives for the immediate future. At least one follow-up session is required to assess the employee’s progress.

JOB RELATED (List at least 3.)

OBJECTIVE (WHAT AREAS NEED IMPROVEMENT)	STEPS TO ACHIEVE OBJECTIVES (HOW)	WITHIN (TIME FRAME)
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	

WORK HABITS (List at least 2.)

OBJECTIVE (WHAT AREAS NEED IMPROVEMENT)	STEPS TO ACHIEVE OBJECTIVES (HOW)	WITHIN (TIME FRAME)
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	

SERVICE TO STUDENTS, STAFF AND COMMUNITY (List at least 2.)

OBJECTIVE (WHAT AREAS NEED IMPROVEMENT)	STEPS TO ACHIEVE OBJECTIVES (HOW)	WITHIN (TIME FRAME)
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	

PROFESSIONAL DEVELOPMENT (List at least 1.)

OBJECTIVE (WHAT AREAS NEED IMPROVEMENT)	STEPS TO ACHIEVE OBJECTIVES (HOW)	WITHIN (TIME FRAME)
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	

PERSONAL DEVELOPMENT (Optional)

OBJECTIVE (WHAT AREAS NEED IMPROVEMENT)	STEPS TO ACHIEVE OBJECTIVES (HOW)	WITHIN (TIME FRAME)
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	

Employee's signature: _____

Date: _____

Supervisor's signature: _____

Date: _____

Dates for follow-up reviews: _____