

2011 Performance Summary and Review

Name:		For Performance Year: (mo/yr)	
ID#:		Review Meeting Date:	
Job Title:		Manager's Name and ID #:	
Department Name:		Manager's Job Title:	

Section 1: Performance Goals

In the Performance goal section, list three to five key goals or objectives, the associated outcomes and weightings that align with the employee's role and support the division's overall strategy. Use this section and the rating scale below for assessment:

- Ratings:**
- 5 Significantly above all key objectives
 - 4 Consistently above all key objectives
 - 3 Met all and may have exceeded some key objectives
 - 2 Met some but not all key objectives
 - 1 Significantly below all key objectives

Weight:	_____ % of 100%
Performance Goal:	
Mid-Year Check In:	mm/dd/yy On Track <input type="checkbox"/> Not on Track <input type="checkbox"/>
Mid-Year Feedback	
Manager:	
Employee:	
Year- End Feedback	
Manager:	
Employee:	
Year- End Rating:	Significantly Below <input type="checkbox"/> Slightly Below <input type="checkbox"/> Met <input type="checkbox"/> Consistently Above <input type="checkbox"/> Significantly Above <input type="checkbox"/>

Weight:	_____ % of 100%
Performance Goal:	
Mid-Year Check In:	mm/dd/yy On Track <input type="checkbox"/> Not on Track <input type="checkbox"/>
Mid-Year Feedback	
Manager:	
Employee:	
Year- End Feedback	
Manager:	
Employee:	
Year- End Rating:	Significantly Below <input type="checkbox"/> Slightly Below <input type="checkbox"/> Met <input type="checkbox"/> Consistently Above <input type="checkbox"/> Significantly Above <input type="checkbox"/>

Weight:	_____ % of 100%
Performance Goal:	
Mid-Year Check In:	mm/dd/yy On Track <input type="checkbox"/> Not on Track <input type="checkbox"/>
Mid-Year Feedback	
Manager:	
Employee:	
Year- End Feedback	
Manager:	
Employee:	
Year- End Rating:	Significantly Below <input type="checkbox"/> Slightly Below <input type="checkbox"/> Met <input type="checkbox"/> Consistently Above <input type="checkbox"/> Significantly Above <input type="checkbox"/>

Weight:	_____ % of 100%
Performance Goal:	
Mid-Year Check In:	mm/dd/yy On Track <input type="checkbox"/> Not on Track <input type="checkbox"/>
Mid-Year Feedback	
Manager:	
Employee:	
Year- End Feedback	
Manager:	
Employee:	
Year- End Rating:	Significantly Below <input type="checkbox"/> Slightly Below <input type="checkbox"/> Met <input type="checkbox"/> Consistently Above <input type="checkbox"/> Significantly Above <input type="checkbox"/>

Weight:	_____ % of 100%
Performance Goal:	
Mid-Year Check In:	mm/dd/yy On Track <input type="checkbox"/> Not on Track <input type="checkbox"/>
Mid-Year Feedback	
Manager:	
Employee:	
Year- End Feedback	
Manager:	
Employee:	
Year- End Rating:	Significantly Below <input type="checkbox"/> Slightly Below <input type="checkbox"/> Met <input type="checkbox"/> Consistently Above <input type="checkbox"/> Significantly Above <input type="checkbox"/>

Section 2: Development Planning

Identify 1-3 development objectives and the strategy or action steps to meet each objective. Determine measurements for evaluating progress.

Development Objective	Development Activities	Manager Support (completed by manager)	Success Measures	Target Completion Date
Example: Improve quantitative skills and business acumen	<ul style="list-style-type: none"> - Identify rotation opportunity in the finance function - Enroll in university training classes on business statistics - Present quantitative business case to manager/executive team 	Network employee with peers in positions with quantitative skills	- Completion of rotation in finance function	January 1, 2013
Objective #1:				
Objective #2:				
Objective #3:				
Long-Term Career Goal/Objective				

Section 3: Year-end Summary and Rating

The year-end summary should include overall observations about the employee's performance and a final rating. Comments should effectively summarize performance and support the overall performance rating. After the leader and employee have discussed the performance assessment, the employee should be given time to add his/her final comments to the review form before the form is signed and submitted to Employee Records.

Manager's Comments on Overall Performance:	
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Employee's Comments on Overall Performance:	
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Year-end Overall Performance Rating:
Significantly Below <input type="checkbox"/> Slightly Below <input type="checkbox"/> Met <input type="checkbox"/> Consistently Above <input type="checkbox"/> Significantly Above <input type="checkbox"/>

Instructions Checklist:	<ul style="list-style-type: none">▪ Did you remember to obtain all required signatures?▪ Did you completely fill out first page including full name, employee ID and review date?▪ Please send the signed and completed, original review form to Departmental contact.▪ Do not forget to keep a copy of the review for your desk file.▪ Provide a signed copy to your employee.
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Section 5: Signatures

Signing this form does not indicate agreement, but acknowledges that your performance has been discussed and reviewed with you.

Employee's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

Second Level Manager's Signature: _____ Date: _____
(Optional)