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| Humber_College_logo  **Personal & Confidential**  **Human Resources** | | | | | |
| **ADMINISTRATIVE STAFF PERFORMANCE & DEVELOPMENT PLAN** | | | | | |
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| **Date:** |  |  | **Review Period:** |  |  |
| **Employee:** |  |  | **Position Title:** |  |  |
| **Dept/Division:** |  |  | **Reviewer:** |  |  |
| **Date of Review:** |  |  |  |  |  |
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| **A. Status of Previous Year’s Goals and Objectives** | |
| Outline goals & objectives from last review or employee’s planning documents. | Comment on status of these objectives and the performance in meeting these objectives. |
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| **B. Major Strengths & Accomplishments** |
| Review areas of strength, accomplishments or other matters deserving particular notation. What part of the job does the employee do best? (Limit the list to not more than three specific responsibilities, skills or particular activities within those responsibilities). Specific reference should be made to Section A. Provide supporting examples. |
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| **C. Future Goals & Objectives** |
| Identify major performance goals, objectives and priorities for the next year. Link to the planning process. |
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| **D. Improve or Enhance Role** |
| Identify and review up to 3 areas the employee could do, or do differently that would improve or enhance the role. (Do not duplicate if these have been identified in the section on future goals.) |
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| **E. Training/Development/Coaching Plan** | | |
| Outline training or staff development needs and plans for the next year to meet corporate, departmental goals and/or individual career plans. Include specific skills or competency development needs. | | |
| **Objective** | **Role of Manager** | **Target Date** |
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| My performance review has been explained to me. I realize that signing this review does not necessarily signify agreement, but indicates that I have received a copy.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | NAME: |  |  | DATE: |  | |  | Incumbent (type name) |  |  |  |   SIGNED: By checking this box I verify my electronic signature above.  This employee’s individualized accommodation plan has been reviewed (please check one):   |  |  |  | | --- | --- | --- | | Yes | No | Not Applicable | |
| **REQUIRED SIGNATURES (2 levels of management)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | NAME: |  |  | DATE: |  | |  | Immediate Supervisor (type name) |  |  |  |   SIGNED: By checking this box I verify my electronic signature above.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | NAME: |  |  | DATE: |  | |  | Supervisor’s Supervisor (type name) |  |  |  |   SIGNED: By checking this box I verify my electronic signature above.  **NOTE:** Please ensure that in addition to sending the completed form to Human Resources to be filed in the employee’s HR file, the employee’s supervisor/manager should also keep a copy within their own files. |