

**ANNUAL PLANNING & PERFORMANCE REVIEW**

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| **Employee Name** |  |
| **Position Title** |  |
| **Department** |  |
| **Employee Group** |  [ ]  SEIU [ ]  AUPAT [ ]  Ongoing Contract [ ]  Term Contract  |
| **Supervisor** |  |
| **Annual Review Timeline** | For the period of January 1 - December 31, \_\_\_\_\_\_ |

**Review of Past Year’s Performance & Accomplishments**

Comments on achievements and competencies in fulfilling the role as defined, along with assessment if goals or targets were met, exceeded or fell short of specific targets, as established at the beginning of the year.

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Indicate where the overall annual performance is rated by marking an “X” in the appropriate place along the line below:

|  |  |  |  |
| --- | --- | --- | --- |
|  |   |  |  |
| Did not meet objectives | Met most objectives | Met all objectives | Surpassed objectives |

**Planning for the Coming Year**

The job description on record in Human Resources has been reviewed with the incumbent and

[ ]  Accurately reflects the responsibilities and requirements of the position

[ ]  Has been updated (copy attached)

If applicable, list specific targets (in relation to departmental goals) for the coming year with completion date.

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List any training requirements or growth opportunities, identified by either the supervisor or the employee, as having potential benefit. This can also include opportunities to job shadow, or to provide enhanced understanding the broader function of the role and departmental integration, and which may lead to opportunities for succession planning.

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**Employee’s Comments:**

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*A discussion of this Performance Appraisal has taken place:*

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

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewing Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed and signed appraisal form to the Human Resources Department

Director, Human Resources Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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