**Employee Performance Planning and Review Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Name |  | | | |
| Position |  | | Department |  |
| Appraisal Period Covered: | From: |  | To: |  |

**Part I: Goal Setting**

|  |  |
| --- | --- |
| **Previous Year’s** **Goals** | **Results (based on Performance Criteria)** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

|  |  |
| --- | --- |
| **Planning New Goals** | **Performance Criteria** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**Part II: Assessment**

*Supervisors are encouraged to keep in mind the competencies outlined on pages 3 and 4 of the* [*Exempt Performance Review Policy*](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/trentu.sharepoint.com/sites/TrentPolicyLibrary/Trent%20Policy%20Library/Exempt%20Performance%20Review%20Policy.pdf)*.*

|  |
| --- |
| **Employee’s Strengths / Accomplishments:** |

|  |
| --- |
| **Areas that Require Improvement:** |

|  |
| --- |
| **Learning / Development Plan:** |

|  |
| --- |
| **Overall Rating and Comments:** |

|  |
| --- |
| **Employee Comments:** |

**I have read and discussed this appraisal with my supervisor.**

|  |  |  |
| --- | --- | --- |
| Signature of Employee |  | Date |
|  |  |  |
|  |  |  |
| Signature of Supervisor |  | Date |
|  |  |  |
|  |  |  |
| Signature of Vice President |  | Date |
|  |  |  |