EMPLOYEE PERFORMANCE PLAN & REVIEW

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| **INSTRUCTIONS** | |
| 1. | Complete this plan to support your individual priorities throughout the year. |
| 2. | Blank fields shaded in grey are to be completed by your manager at mid and year end. |
| 3. | Please note what sections are filled in at beginning of year versus end of year. |

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| --- | --- | --- | --- | --- |
| EMPLOYER/CLINIC NAME: | |  | ATTENDANCE – Based on calendar year | |
| EMPLOYEE NAME |  |  | VACATION DAYS (TAKEN/ELIGIBLE) |  |
| TITLE |  |  | PERSONAL DAYS TAKEN |  |
| MANAGER |  |  | LIEU DAYS TAKEN |  |
| Calendar Year |  |  | FAMILY RESPONSIBILITY DAYS TAKEN |  |
| DATE: Mid-year check-in |  |  | ATTENDANCE CONCERNS Yes/No |  |
| DATE: Year-end review |  |  |  |  |

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| **Section 1** |
| To be filled out at the beginning of the calendar year. |

1. **PLAN** - Please list your Top priorities / SMART GOALS for upcoming year.

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|  | TOP PRIORITIES / SMART GOAL | PLANNING CONSIDERATIONS | MID-YEAR CHECK IN (Manager) | END OF YEAR REVIEW (Manager) |
| **1** | **Goal:**  **Measurement:** | **Challenges/Risks/Dependencies:** |  |  |
| **Mid-Year Check In – Employee Comments:** |
| **Year End – Employee Comments:** |
| **2** | **Goal:**  **Measurement:** | **Challenges/Risks/ Dependencies:** |  |  |
| **Mid-Year Check In – Employee Comments:** |
| **Year End – Employee Comments:** |
| **3** | **Goal:**  **Measurement:** | **Challenges/Risks/ Dependencies:** |  |  |
| **Mid Year Check In – Employee Comments:** |
| **Year End – Employee Comments:** |
| 4 | **Goal:**  **Measurement:** | **Challenges/Risks/ Dependencies:** |  |  |
| **Mid Year Check In – Employee Comments:** |
| **Year End – Employee Comments:** |
| 5 | **Goal:**  **Measurement:** | **Challenges/Risks/ Dependencies:** |  |  |
| **Mid Year Check In – Employee Comments:** |
| **Year End – Employee Comments:** |

1. **CLINIC CULTURE** – How do you plan to contribute to the enrichment of our clinic culture?

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| --- | --- | --- | --- | --- |
|  | ACTIVITY | IMPACT | | COMMENTS @ Year End |
| 1 |  |  |  | |
| 2 |  |  |  | |
| 3 |  |  |  | |
| EMPLOYEE ENGAGEMENT WISH LIST - What is the one thing our clinic can do to improve employee engagement & workplace culture in the upcoming year? | | | | |
| 1 |  | | | |

1. **PROFESSIONAL DEVELOPMENT –** What do you want to do when you grow up?

|  |  |  |
| --- | --- | --- |
| CAREER OBJECTIVES | | STATUS/NEXT STEPS |
| 1-YR |  |  |
| 5-YR |  |  |
| **TRAINING PLAN (COURSES, ACTIVITIES, ETC.)** | | STATUS/NEXT STEPS |
| CORE (ROLE SPECIFIC) |  |  |
| CAREER |  |  |

1. **SUPPORT –** What do you need from your manager to help you meet your work objectives and development goals?

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|  | EMPLOYEE | COMMENTS – Plan to address |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

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| **Section 2** |
| All items below are to be filled out at *year end* upon reflection of priorities identified above. |

1. **PERSONAL ASSESSMENT**

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| **DID WELL –** Identify at least three attributes/skills that you have successfully demonstrated. | | | |
|  | **ATTRIBUTE/SKILL** | EXAMPLE - Indicate metrics where applicable | COMMENTS – Plan to reinforce or enhance skill |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| **DO BETTER** – Identify at least three areas that you think you need improvement. | | | |
|  | ATTRIBUTE/SKILL | EXAMPLE - Indicate metrics where applicable | COMMENTS – Plan to close gaps or avoid |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

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| **Section 3** |
| Year-end rating is to be filled out at year-end only. |

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| **Overall Performance Rating: Consider employees performance throughout the performance cycle including achievement of work plan objectives, demonstration of values and competencies (when applicable) as well as attainment and application of learning and development objectives. To be filled out during performance review.** | | | |
| **Expected Performance:**  Employee fully and consistently meets position requirements, objectives, and expectations. Employee performs good, solid and commendable work. | **Developing:** ☐  Employee has not yet achieved the responsibilities of the position and the goals of the performance and development plan. They are considered to be developing into their role. | | **Below Expected Performance:** ☐  Employee does not achieve the responsibilities of the position and the goals of the performance and development plan. Immediate improvement is required. |
| **Employee Comments (Overall performance):** | | | |
| **Immediate Manager Comments (Overall performance):** | | | |
| **SIGNATURES - Confirmation of Year-End Review** | | | |
| **Signature of Employee** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Manager** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Signature of Clinic Owner *(if applicable****)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Employee comments:**  **I agree with the year-end review**  **I do not agree with the year-end review**  If you do not agree with your year-end review, you may request further review within 30 days of the year-end review meeting. (Attach to your review a statement explaining your reasons).  Please contact your manager for more information about this process. | | | |