PERFORMANCE DISCUSSION AND PLANNING

SELF APPRAISAL

Employee Name: ___________________________ Supervisor: ___________________________

Title: ___________________________ Supervisor Title: ___________________________

Department: ___________________________ Date: ___________________________

Current job description reviewed together – updates to be submitted electronically to Emily Marcotte at emarcotte@smcvt.edu.

It is the mission of Saint Michael’s College to contribute through higher education to the enhancement of the human person and to the advancement of human culture in the light of the Catholic faith.

Please submit signed copy electronically to emarcotte@smcvt.edu.

Use the attached prompts for your discussions and written comments. Reference the core competencies on page 3.

CORE COMPETENCIES

DECISION MAKING:

Comments: Enter text electronically using Microsoft Word

COMMUNICATION:

Comments: Enter text electronically using Microsoft Word

INTEGRITY:

Comments: Enter text electronically using Microsoft Word

DIVERSITY AND INCLUSION:

Comments: Enter text electronically using Microsoft Word

LEADERSHIP:

Comments: Enter text electronically using Microsoft Word
**MANAGING PEOPLE (IF APPLICABLE):**

| Comments: | Enter text electronically using Microsoft Word |

**TEAMWORK:**

| Comments: | Enter text electronically using Microsoft Word |

**PROFESSIONALISM:**

| Comments: | Enter text electronically using Microsoft Word |

**STEWARDSHIP OF RESOURCES:**

| Comments: | Enter text electronically using Microsoft Word |

**SUPPORTS THE MISSION OF THE COLLEGE:**

| Comments: | Enter text electronically using Microsoft Word |

**DISCUSSION SUMMARY AND GOAL SETTING**

**ACCOMPLISHMENTS:**

Enter text electronically using Microsoft Word

**GOALS FOR THE UPCOMING YEAR:**

Enter text electronically using Microsoft Word

**EMPLOYEE COMMENTS:**

Enter text electronically using Microsoft Word

Supervisor’s Signature: ___________________________ Date: ___________________________

Employee’s Signature: ___________________________ Date: ___________________________

*The employee signature indicates that the performance review has taken place and that you have read the form; it does not necessarily signify agreement.*

Revised: October 2019