## EXEMPT PERFORMANCE PLANNING & REVIEW





			Selkirk M/College		
Employee:	Job Title: Su		Supervisor:		
Department:	Annual Review Period - From:		То:		
EXEMPT ANNUAL PERFORMANCE PLA	ANNING AND REV	/IEW PROCESS:			
Step 1	Step 2	Step 3	Step 5		
Completes planning and review, self-reflecting on performance from the review period.  Reference job description and previous year's performance goals.  SUPERVISOR  Completes planning and review, reflecting on employee's performance from the review period. Reference employee's job description, goals, and any notes on the employee's performance made during the review period.	EMPLOYEE AND SUPERVISOR  Meet to discuss their reflections and their proposed goals for the coming year. Come to agreement on new goa for next review period.	meeting. Supervisor als can ask employee to	EMPLOYEE AND SUPERVISOR Sign the form.  Step 6 ONE-UP SUPERVISOR Signs the form.  Step 7 SUPERVISOR Scans the form and sends to HR.		
RATING SCALE:					
<i>Exceptional:</i> Performance far exceeded expectations overall quality of work that was superior; and either support of department or College objectives.					
Exceeds expectations: Performance consistently exceed Annual goals were met.	ded expectations in all (	essential areas of responsibility, a	nd the quality of work overall was excellent.		
<i>Meets expectations</i> : Performance consistently met export work overall was very good. The most critical annual		al areas of responsibility, at times	possibly exceeding expectations, and the quality		
Improvement needed: Performance did not consistently meet expectations – performance failed to meet expectations in one or more essential areas of responsibility, and/or the most critical goals were not met. An improvement plan must be attached and monitored to measure progress.					
Unsatisfactory: Performance was consistently below expectations in most essential areas of responsibility, and/or reasonable progress toward critical goals was not made. Significant improvement is needed in one or more important areas. An improvement plan must be attached and monitored to measure progress.					
		•••••			
A. OVERALL RATING					
ANNUAL PERIOD:					
*By checking Improvement Needed or Unsatisfactory	Meets Expectation, you must complete a F				
PROBATIONARY PERIOD: TO BE USED FOR AN I	MPLOYEE FINISHING	PROBATION			

Period End Date:

Does Not Meet Expectations

**Meets Expectations** 

## EXEMPT PERFORMANCE PLANNING & REVIEW





### B. TOP 3-5 GOALS FOR THIS REVIEW PERIOD (REFER TO PREVIOUS PERFORMANCE REVIEW, AS A STARTING POINT)

For each goal, also note which Strategic Direction, Strategic Priority, or Operational Goal it is most aligned with. Reference the Strategic Plan, the Institutional Accountability Plan and Report, and/or your department's Operational Plan.

GOALS ARE DETERMINED AT THE START OF AND DURING THE REVIEW PERIOD. COMMENTS ARE ADDED AT THE END OF THE PERIOD.

**MOST ALIGNED** STRATEGIC DIRECTION, STRATEGIC PRIORITY, OR

	OPERATIONAL GOAL
1. Goals & Comments	
2. Goals & Comments	
3. Goals & Comments	
4. Goals & Comments	
5. Goals & Comments	
C. COMMENTS ON OVERALL PERFORMANCE  Comments are required either here or above to explain ratings above or below Meets Expectations. Describe specific behaviors that performance needs improvement or exceeds expectations. Highlight opportunities for growth and development; note recognition rule there are issues to be addressed outside the comments in the Goals section above, they should be included here.	
Comments:	
D. WHICH VALUE(S) DID THIS YEAR'S PERFORMANCE BEST SUPPORT?  To aid understanding, please refer to the Core Values and Behavioural Anchors Matrix.	
Community Access Respect Excellence	
Comments:	

# EXEMPT PERFORMANCE PLANNING & REVIEW



		AS		

What are	your career as	pirations for t	he next 3-5 \	vears? What	might be	some next ste	ps to hel	p realize '	vour career g	goals?

Comments:

#### F. SIGNATURES

<b>Employee:</b> My signature indicates I have received a copy of this review. (I have attached a response if I have any outstanding	Supervisor	One-Up Supervisor	
comments.)	Name:	Name:	
Name:	Title:	Title:	
Signature:	Signature:	Signature:	
Date:	Date:	Date:	

TOP 3-5 GOALS AND EXPECTATIONS FOR <u>NEXT PERIOD</u>: (List goals here, and refer to the <u>Development Action Plan</u> for further planning.)

MOST ALIGNED STRATEGIC DIRECTION, STRATEGIC PRIORITY, OR OPERATIONAL GOAL

1.	
2.	
3.	
4.	
5.	



Selkirk		Col	lege
---------	--	-----	------

NOTES:	