



The Evergreen State College  
Human Resource Services

**PLANNING PHASE**  
**Performance Development Plan Form**  
(To be completed at the beginning of the performance period)

Type of Evaluation <input type="checkbox"/> Annual <input type="checkbox"/> Probationary <input type="checkbox"/> Trial Service <input type="checkbox"/> Transition Review		
Employee Last Name	Employee First Name	Employee A #
Position Number	Performance Period (Including Planning and Assessment Phases) From:   /   /   To:   /   /	Position Description Updated <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title		
Division	Unit	Supervisor's Name

**Position Linkage With Organizational Mission and Goals**

What is the organization's mission and how do the duties and responsibilities of this position link or contribute to the achievement of the mission goals and objectives of the organization? Provide a brief summary.

**SECTION 1: Performance Expectations and Goals Planning**

**Part 1: Performance Expectations**  
Based on the position's major responsibilities, outline the key results, skills and abilities expected of the employee during this performance period.

**A) Key Results Expected**  
What are the most important objectives, outcomes, and/or assignments to accomplish in order to be successful during this time period?

**B) Key Skills and Abilities Expected**  
What are the most important skills and abilities the employee must demonstrate to perform their position duties successfully?

**Part 2: Training and Development Goals / Opportunities**  
What training and development needs, goals and opportunities should the employee focus on during this performance period?

**Part 3: Organizational Support (Optional)**  
**To be completed by the employee only.**  
What suggestions do you have as to how your supervisor, co-workers, and/or management can better support you in your present job and future career goals?

**SECTION 2: Signatures and Filing**

**Part 1: Signatures**

**Supervisor Section**

By signing below, I acknowledge that this Planning Phase PDP is based on my best judgment.

Supervisor's Signature	Date
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**Employee Section**

By signing below, I acknowledge that this Planning Phase PDP has been discussed with me.

Employee's Signature	Date
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**Reviewer Section**

By signing below, I acknowledge that I have reviewed the Planning Phase PDP and that the PDP process has been properly followed.

Reviewer's Signature	Date
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**Part 2: Filing**

The supervisor retains one copy of the Planning Phase PDP form and provides one copy to the employee and one copy to the Reviewer. The signed original Planning Phase PDP form is reviewed by Human Resource Services and placed in the employee's official personnel file.