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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYEE NAME | | **(Last, First MI)** | | | | **CLASSIFICATION** |  | | DEPARTMENT | | | | |  |
|  | |  | | | |  |  | |  | | | | |  |
| **POSITIONTYPE** | **Permanent**  **Project**  **USTE** | | **REPORT TYPE** | **Annual Planning**  **Annual Results**  **Probationary Planning**  **Probationary Results**  **Other:** | | | | **REPORT PERIOD**  **thru** | **SUPERVISOR** | | | | |  |
|  | | | | |  | | | |  | | | | | |
| **1. KEY RESPONSIBILITIES** | | | | | **2. PERFORMANCE EXPECTATIONS** | | | | **3. RESULTS** | | | | **4. COMMENTS** | |
| General statement of what an employee is expected to achieve | | | | | How a major objective is to be performed. May address quality, quantity, and/or timeliness | | | | Does Not Meet | Meets | Exceeds | Not Applicable | Discuss performance results in this area providing detailed objective narrative. | |
|  | | | | |  | | | |  |  |  |  |  | |

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| **5.** **AFFIRMATIVE ACTION & EQUAL EMPLOYMENT OPPORTUNITY** (Expectations to ensure compliance with UW-W AA/EEO Program) | | | | | | | |
| **Objectives** | | **Expectations** | | | | **Results** | |
| Employee demonstrates behaviors that celebrate the university’s mission, vision and values. This includes, but is not limited to, taking substantive measures to create and maintain a *transformational educational experience* that serves students from *diverse backgrounds, experiences, identities and abilities*.  [EDI (Division of Equity, Diversity, Inclusion and Support Programs)](https://www.uww.edu/division-of-equity-diversity-inclusion-and-support-programs) | | Employee contributes to an environment free of bias, and serves and communicates in a manner that demonstrates diversity, inclusion, and an investment in a shared responsibility for these aims.  Employee participates in personal enrichment activities which include, but are not limited to, those found: (link to EDI Contributions attachment). Please identify. | | | |  | |
| **6. JOB RELATED AND/OR REQUIRED TRAINING** (to assist in meeting performance expectations in this period) | | | | | | | |
| **Employee Activities** | | **Resources To Be Provided** (Contractual provisions may apply) | | | | **Results** | |
| **1.**  **2.**  **3.** | | **1.**  **2.**  **3.** | | | |  | |
| **7. CAREER DEVELOPMENT AND/OR PERSONAL DEVELOPMENT ACTIVITIES** (Activities in which the employee is interested for career development) | | | | | | | |
| **Career Development Goals** | | **Ways Management Might Support Goals**  (Contractual provisions may apply) | | | | **Results** | |
| **1.**  **2.**  **3.** | | **1.**  **2.**  **3.** | | | |  | |
| **PLANNING –** Job Objectives, performance expectations, training and career development activities have been discussed with the employee. | | | | **RESULTS –** OVERALL PERFORMANCE SUMMARY | | | |
| Satisfactory  Unsatisfactory | * Overall performance meets expectations * Overall performance does not meet expectations | | |
| **YES** | **NO** | | | Job performance results have been discussed with the employee Yes No | | | |
| **SIGNATURE** – Supervisor | | | Date Signed | **SIGNATURE** – Supervisor | | | Date Signed |
| Employee Comments | | | | Employee Comments | | | |
| **SIGNATURE** – Employee\* | | | Date Signed | **SIGNATURE** – Employee\* | | | Date Signed |

**\***Employee’s signature does not necessarily indicate agreement but attests that the employee has had the opportunity to read and agree or disagree (in the “Employee Comments” section) with this record of the PPD session.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complete this section for Probationary Reports ONLY** | | | | | | | | | | | | | | | | | | | | | |
| Position No. | | | | Hire/Promotion Date | | | Scheduled Advancement/Probation End Date | | | | | | | Probation Type | | | | | | | |
|  | | | |  | | |  | | | | | | | Promotional | | | Original | | | Permissive | |
| Review Interval | | For 12-Month Probation | | | | 3 Mo. | | 6 Mo. | | 9 Mo. | | 12 Mo. (Final) | | |  | | | | | | |
|  | | | For 6-Month Probation | | | 3 Mo. | | 6 Mo. (Final) | | | For 24-Month Probation | | | | 15 Mo. | 18 Mo. | | 21 Mo. | 24 Mo. (Final) | | |
| **For Final Review Only** | **Recommendation** | | | | | | | | | | | | **SIGNATURE** – Appointing Authority/Designated Representative | | | | | | | | Date Signed |
| Permanent Appt. | | | | Extend Probation | | | | Terminate | | | |  | | | | | | | |  |

*Original* – Employee’s Personnel File / After Results *Copy* – Supervisor / After Results *Copy* – Employee / After Results *Copy* – Employee / After Planning

Revised: 2/2021