

CONTINUOUS PERFORMANCE MANAGEMENT (CPM) PLANNING FORM



STATECIVILSERVICE

Employee Information	Employee Name:	Performance Evaluation Year:
	Employee Personnel #:	
	Employee Job Title:	
	Dept/Office/Section/Unit:	

Initial Planning Session

2 nd Level Evaluator	Evaluating Supervisor
Signature:	Signature:
Personnel #:	Personnel #:
Date Approved: <i>(Must be on or before planning session):</i>	Date Session Conducted: <i>(Must be on or before planning session):</i>

Employee

By signing below, I acknowledge receipt of this performance planning form and understand that my failure to sign will not prohibit the planning from becoming official for the performance year.

Signature:	Date:
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Agency Human Resources Office Use Only (Optional)

Date Planning Received in HR:	HR Staff Initial:	Evaluating Supervisor Compliance (Y/N)	Second Level Evaluator Compliance (Y/N)
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PLANNING FORM**



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Employee Name:

Employee Personnel #:

Performance-Based Goals

Minimum of 3 goals (in accordance with 10.2(a)1)

[Bank of Goals](#)

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