

**FORM B**  
**PERFORMANCE PLAN**  
**Unclassified STAFF**  
 Form No. 01-1200-05b [11/07]

Staff Member's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Period of Evaluation, from \_\_\_\_\_ to \_\_\_\_\_

Key words to describe Professional responsibilities                      Performance goals to be achieved                      Percent of effort

1		
2		
3		
4		
5		
6		

Changes in Performance Plan: (may be made anytime changes occur)

Responsibilities

Actual Achievements

Level of Achievement  
(\*Rate 1-3 using scale below)

1		
2		
3		
4		
5		
6		

\*Rating Scale:

1 - Less than satisfactory

2 - Satisfactory

3 - Merit

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Member's Comments: (optional)