



Exempt Performance Appraisal
Individual Development Plan

Employee: _____
Title: _____
Department: _____

Period Evaluated:
From: _____ **To:** _____
Evaluation:
Biennial
Special

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- I. **Work Goals and Objectives (past) & Other Accomplishments:** This portion of the evaluation should set out the progress made towards previously established goals and objectives and other accomplishments and activities during the evaluation period, including, but not limited to, the following areas: interpersonal communication, self-management, innovation and teamwork.

- II. **Work Goals and Objectives (future)**: This portion of the evaluation should set out the goals and objectives for the future.

III. General Employee Comments:

IV. General Supervisor Comments:

Employee Signature _____ **Date** _____
Employee's signature does not indicate agreement or disagreement with the contents of this evaluation.

Evaluator Signature _____ **Date** _____

President Signature _____ **Date** _____