



Oklahoma Baptist
UNIVERSITY
Performance Development Program
Annual Review

Staff Member: _____ Job Title: _____

Department: _____ Date: _____

Use this form to annually document that the following topics have been discussed.

AGENDA	CHECK TO VERIFY
• Discuss the staff member's performance on primary responsibilities and priorities in the past year.	<input type="checkbox"/>
• Discuss the staff member's strengths and areas for growth.	<input type="checkbox"/>
• Discuss possible areas for improvement.	<input type="checkbox"/>
• Discuss barriers to effective work performance and job satisfaction.	<input type="checkbox"/>
• Discuss the staff member's development over the past year as well as future goals, including long-term career goals and development needs in order to achieve them.	<input type="checkbox"/>
• Discuss the staff member's feedback and constructive suggestions for the supervisor.	<input type="checkbox"/>
• Discuss anything else the staff member or supervisor would like to address.	<input type="checkbox"/>
• Include any Supervisor or Staff Member Comments:	

Staff member meets or exceeds current expectations.	Yes <input type="checkbox"/> *	No <input type="checkbox"/> **
Performance Improvement Plan Filed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
These topics have been discussed by:		
Staff Member Signature: _____	Date: _____	
Supervisor Signature: _____	Date: _____	
Reviewing Official: _____	Date: _____	

**If yes, Performance Improvement Plan is not required but may be appropriate.*

***If no, Performance Improvement Plan **must** be completed and filed.*

After the review is completed, provide a copy to the staff member and submit the original to the Human Resource Department. A copy of the Performance Improvement Plan should be attached (if applicable) along with any additional documentation.

