**CONTINUOUS PERFORMANCE MANAGEMENT (CPM)**

**PLANNING FORM**

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

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| --- |
| **Initial Planning Session** |
| **2nd Level Evaluator** | **Evaluating Supervisor** |
| Signature: |  | Signature: |  |
| Personnel #: |       | Personnel #: |       |
| Date Approved: *(Must be on or before planning session):* |       | Date Session Conducted:  |       |
| **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: |       |
|  |
| **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 #:** |       |

 |
| **Goals** 2 performance-based goals & 1 behavior-based goal (in accordance with 10.2(a)1) | [Bank of Goals](https://apps01.civilservice.louisiana.gov/referenceandreporting/cpmbankofgoalscompetencies.aspx) |
| Click or tap here to enter text. |