A picture containing icon

Description automatically generated**CONTINUOUS PERFORMANCE MANAGEMENT (CPM)**

**PLANNING FORM**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **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. | |