**2020 Employee Performance Appraisal**

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| --- | --- | --- | --- |
| **Employee Name:** |  | **Date of Review:** |  |
| **Reviewer Name:** |  |  |  |

**Instructions to employee:** The assessment period is January 2020 through December 31, 2020. Those hired after September 1, 2020 will not be included in this formal review process.

Please evaluate yourself in the following categories by adding comments in the “Employee Comments” section. Use the definitions included in each category as guidelines for your assessment. You do not need to comment on every bullet point unless relevant to your strengths and/or development areas.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Business Skills** |  |  |  |  |  |
| * Applies knowledge of business to achieve desired business results in a timely and effective manner for the company, its customers and partners * Uses appropriate analytical skills in making a decision * Demonstrates a strong understanding of the population health space, competitors, and partners | | | | | |
| **Employee Comments:**  **Reviewer Comments:** | | | | | |
| **Technical Skills** |  |  |  |  |  |
| * Demonstrates technical skills and understands technologies required to perform duties * Translates business requirements into technical specifications and working applications * Suggests improvements to application of technology in own work area and projects * Completes work in a high-quality fashion (i.e. neatness, accuracy, attention to detail) | | | | | |
| **Employee Comments:**  **Reviewer Comments:** | | | | | |
| **Project Management** |  |  |  |  |  |
| * Understands requirements of project and tasks at hand * Identifies timelines and expectations of individual and/or team member work assignments * Manages work effort (individual, team, and partner) to meet project deadlines * Accounts and plans for potential disruptions to project plan * Demonstrates fiscal responsibility, such as cost awareness and control * Completes assignments and meets schedules/deadlines | | | | | |
| **Employee Comments:**  **Reviewer Comments:** | | | | | |
| **Problem Solving** |  |  |  |  |  |
| * Researches and documents facts to resolve problems * Takes initiative in problem solving and making sound decisions * Identifies impact of problems on other people, functions or issues * Acceptance of personal responsibility for problem resolution | | | | | |
| **Employee Comments:**  **Reviewer Comments:** | | | | | |
| **Communication** |  |  |  |  |  |
| * Keeps appropriate individuals informed of issues * Communicates effectively with all levels of employees and external parties * Influences others’ opinions and perspectives to gain consensus * Uses appropriate language and terminology for audience in both written and verbal communications * Produces high-quality written communication (documents, deliverables, reports) | | | | | |
| **Employee Comments:**  **Reviewer Comments:** | | | | | |
| **Teamwork** |  |  |  |  |  |
| * Fulfills own role as a reliable team member and assists other team members when necessary * Develops constructive working relationships with team members to achieve OKRs * Contributes and solicits creative ideas and recommendations throughout projects/initiatives * Contributes to and supports the decisions of the team * Contributes to a positive and productive work environment * Attendance and dependability * Welcomes help and proactively offers help to others in need | | | | | |
| **Employee Comments:**  **Reviewer Comments:** | | | | | |

# Development Plan

*The Development Plan should be created jointly by the employee and his/her manager to establish development OKRs relating to furthering the employee’s career and professional growth at CareJourney.*

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| **Development Objectives** | **Key Results** | **Timing** |
| * Identify the skills that the employee will develop or enhance * Should be specific in terms of what the employee needs to achieve | * Identify the set of activities you would like to complete to support the development objective | * Determine timing of when the OKR must be met or the activity will occur |
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# Operational Key Results Summary

*List below 4 – 6 individual OKRs with regards to your contribution to the growth of CareJourney in 2021 and its company-wide OKRs.*

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| --- | --- | --- |
| **Objective** | **Key Result** | **Timing** |
| * Qualitative summary of individual operational OKR | * Specific operational/financial milestones and/or lifts | * Major milestones and expected completion date of OKR |
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*Please sign below.*

**Reviewer:**

Reviewer Signature Date

**Employee:**

Employee Signature Date