**Performance Plan Certification**

**Instructions:**

An annual performance plan must be developed for each classified employee by August 31st of each year. Additionally, state personnel rules require that a performance plan is to be built for newly hired classified employees within thirty (30) days of hire.

Upon completion of the performance plan, fill out the certification below and send to [HR@mines.edu](mailto:HR@mines.edu). Please ***do not*** *send a copy of the performance plan itself to Human Resources.*

Certifications will be stored in the employee’s personnel file. Additionally, the information on the certification form will be used to complete required State of Colorado Department of Personnel and Administration annual reports.

Please contact Human Resources with questions about the performance plan or the annual performance management process. All performance forms, the Performance Management Plan, and the User’s Guide can be found on the Human Resources web site at:

<https://www.mines.edu/human-resources/performance-management/>

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| **Performance Plan Certification** Plan Period: \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ (Enter Dates)  Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print legibly) CWID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for Plan: \_\_\_ Annual \_\_\_ Change in Job \_\_\_ Supervisor Change \_\_\_ New Hire  We certify that the performance plan identified above has been completed and that a copy of the plan has been provided to the employee.  Date Plan Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CWID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print legibly) |