UM-FLINT PERFORMANCE MANAGEMENT WORK PLAN

Employee Name:	**Title:**	**Signature:**
Supervisor Name:	**Title:**	**Signature:**
Initial Work Plan Conference Date:	**1st Feedback Meeting:**	**2nd Feedback Meeting:**

Overall Job Goal and how this work contributes to the overall mission of the Division and the University.

Key Areas of Responsibility	% of Time	Goals (What specific outcomes are expected?)	Action Plan (Who does what by when with what resources?)