

Individual Development Plan (IDP)
Checklist for Classified Employees

Name _____

Classification _____

Review Year: _____

Department/Unit _____

Supervisor _____

INSTRUCTIONS- Complete this checklist. Forward the checklist, completed IDP form, and any additional documents (updated position description and/or organizational charts as needed) to Human Resources, Attn: Classified IDP, 144 Graff Main Hall. Go to our [IDP web page](#) for complete information on the IDP process.

- Position Description (PD)
Accurately reflects duties performed?
 (Yes) - sign below

Employee Signature/Date

Supervisor Signature/Date

- (No) - Submit revised PD both electronically and a signed paper copy to HR

Deb Hanson's E-mail

- Department/Unit Organizational Chart
Accurately reflects Department/Unit Organization?
 Yes No - Revision attached

The following areas are documented on the IDP form.

- Discussion
- Department/Unit Goals
 - Employee Career Goals
 - Supervisor Position Expectations
- Review Outcomes (Results) from the previous IDP year
- Planning for next IDP year
- Comments – please use space below
(include any job related training/ certifications/ professional development activities)

We have discussed the items listed on the IDP checklist. (Signature does not necessarily indicate agreement of IDP results but simply that the items were reviewed)

I have reviewed the IDP checklist and attached documents.

Employee Signature /Date

Supervisor Signature/Date

Dean/Division Officer Signature/Date

Date received in Human Resources: _____

Reviewed by: _____ (Initials/Date)