



Subject: **Employee Career Conversations**

Section: IV

Date: 10/01/2018 (rev 2)

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CAREER CONVERSATIONS

Employee-driven. Development-oriented. Simple.

Step 1: employee completes self-reflection, then shares with supervisor

Employee's Name	Click or tap here to enter text.	Supervisor's Name	Click or tap here to enter text.
Employee's Title	Click or tap here to enter text.	Supervisor's Title	Click or tap here to enter text.
Department/Unit	Click or tap here to enter text.		
Reflection Period from	Click here to enter a date.	to	Click here to enter a date.

ACKNOWLEDGING ACCOMPLISHMENTS

At least 3 of my notable accomplishments during this reflection period

Click or tap here to enter text.

Supervisor's Response:

Click or tap here to enter text.

HIGHLIGHTING KEY STRENGTHS

At least 3 key strengths that make me effective in my role and examples of how I have applied them

Click or tap here to enter text.

Supervisor's Response:

Click or tap here to enter text.

SETTING GOALS FOR SUCCESS

At least 3 goals I would like to work toward during the next 6-12 months

Click or tap here to enter text.

Supervisor's Response:

Click or tap here to enter text.

MAKING SMART CHANGES

3 things I want to do more, do less, start, stop, or change to be even more effective in my role (Focus on behaviors, practices, etc.)

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

Supervisor's Response:

Click or tap here to enter text.

Step 2: supervisor and employee meet and discuss, then supervisor makes summary responses, and signs

Supervisor's Signature _____ Click here to enter a date.

If employee's overall performance is less-than satisfactory, please describe the plan of action

Click or tap here to enter text.

Step 3: employee reviews supervisor's response, adds optional final comments, and signs

Employee's Signature _____ Click here to enter a date.

Employee's Final Comments (optional)

Click or tap here to enter text.

Employee ID: _____



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SAFETY & TRAINING ADDENDUM
To
UA CAREER CONVERSATION
For
ASTRONOMY & STEWARD OBSERVATORY,
DEPARTMENTS #0422 & #0404

Employee Name _____ EID# _____

Position Title (*Full Title*) _____

Period Covered: _____ to _____

For Completion by the Employee:

I. SAFETY:

- a. Do you have specific safety concerns with the work environment?

- b. Do you perform activities in a safe manner. (Y or N):

- c. Do you encourage safety of others on a regular basis. (Y or N):

- d. Have you read, understood and supported the policies and procedures of the Steward Observatory Safety Manual? (Y or N):

For Completion by the Employee with the assistance of the Supervisor:

II. TRAINING and CERTIFICATIONS (This may include safety, required institutional trainings, outside work certifications, etc.)

Please complete and attach the EMPLOYEE RECORD OF SAFETY, TRAINING & CERTIFICATIONS and / or attach relevant records verifying training.

