

## Annual Mutual Action Plan (MAP) Check Off List

*Effective January 2016*

Name of Team Member: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Location: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

At this time all base criteria continues to be a requirement for continued employment with PCL and imperative to meeting the PCL Mission values. As of July 1, 2015, PCL has modified the compensation policy. Increases are no longer tied to a team member's Annual MAP. PCL has discontinued Performance Based Pay (PBP) and started a new process for professional growth. This new process is **Project Growth!** and is separate from the MAP process. Despite the modification of wage increases, base criteria must continue to be met by all team members in accordance with PCL performance expectations.

### Review and Discussion of Team Member Self Evaluation

**Team Member is satisfactorily completing job duties in coordination with position profile:**

**Yes** (if yes, identify any exemplary areas under **General Update & Celebrations**)

**No** (if no, identify what specifically is not being met and what Team Member needs to do to correct under **Areas to Improve** or **Plan for Success** as applicable)

**Team Member's actions and/or behaviors are in line with PCL's Playbook:**

**Yes** (if yes, identify any exemplary areas under **General Update & Celebrations**)

**No** (if no, identify what specifically is not being met and what Team Member needs to do to correct under **Areas to Improve** or **Plan for Success** as applicable)

**Team Member is up to date on all base criteria according to TMS and the MAP Grid:**

**Yes** (if yes, identify any exemplary areas under **General Update & Celebrations**)

**No** (if no, identify what specifically is not being met and what Team Member needs to do to correct under **Areas to Improve** or **Plan for Success** as applicable)

**Team Member is Eligible to Drive Agency Vehicles:**  **Yes**  **No**

**Only complete if the Team Member is NOT meeting base criteria. Will a Plan for Success be initiated?**

**No** (This was taken care of in the **Areas to Improve** Section or through other **Accountability** documentation)

**Yes** (Is plan attached?  Yes  No What is the **start date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ )

### General Update & Celebrations:

**What positive contributions have you made to PCL's Mission & Services?**

<b>Area(s) to Improve</b> (Based on current performance)	<b>How will the improvement happen?</b>	<b>When will it be completed?</b>

**Review of goals from previous MAP period of what I learned, tried or changed this previous year?**  
 If participating in a Project Growth! plan, what progress has been made, where at you at with the project?  
 These may include specific business knowledge, technical skills, creative skills, etc.

<b>Objectives</b>	<b>What has been accomplished</b>

**What will I learn, try or change this year?**  
 Do you have a Project Growth! plan in place?  
 This may also include specific business knowledge, technical skills, creative skills, etc.

<b>Objectives</b>	<b>How I will accomplish</b>

**TO DO's:**  
 If not already addressed above

<b>Who</b>	<b>What</b>	<b>When</b>

**Additional Comments:**

**Team Member Acknowledgment of MAP**

I \_\_\_\_\_ (Name) acknowledge that the contents of this MAP have been communicated to me and discussed with me and that I have been provided an opportunity to add my own comments and input.

\_\_\_\_\_  
**TEAM MEMBER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SUPERVISOR'S SIGNATURE**

\_\_\_\_\_  
**DATE**

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**ALL items listed here MUST be turned in for the MAP to be considered complete.**

- Mutual Action Plan Forms complete with signatures
- Annual Mapping Grid complete with certification expiration dates and Training hour totals
- Team Member Self Evaluation reviewed and signed by Team Member and Supervisor
- New Signed Position Acceptance
- Plan for Success Form if Base Criteria is not being met

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***I verify that this Annual Mutual Action Plan is complete and all necessary forms are attached.***

Supervisor Printed Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Area Director/Department Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please check if this document has been submitted electronically.