**Performance and Development Plan (PDP) Expectations**

***Alternate Version***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Position Description Reviewed?  Yes  No | | | Position Description Updated?  Yes  No | | | Performance Period  From       To |
| Purpose of Plan and Review  Annual  Trial Service  Probationary  Transitional  Other (specify) | | | | | | |
| Employee Last Name | | | Employee First Name | | | Employee Middle Initial |
| Personnel Number | | | Class Title | | | Working Title |
| Position Number | | | Agency/Division/Unit | | | Evaluator’s Name |
| **Position Linkage With Organizational Mission** | | | | | | |
| This position contributes to the mission by Click to enter text. | | | | | | |
| **Part 1: Performance Expectations (Results & Competencies)**  In addition to the following expectations, you are expected to perform the job duties and demonstrate the competencies described in the position description. | | | | | | |
| **Key Results Expected**   |  |  | | --- | --- | | Assignment Title: | Click to enter text. | | Assignment Description: | Click to enter text.so that Click to enter text. | | Assessment by:   * Supervisor Observation: | *Describe the assessment method(s) that apply:*  Click to enter text. | | * Feedback: | Click to enter text. | | * Other: | Click to enter text. | | Success is (measure): | Click to enter text. | | Assignment Title: | Click to enter text. | | Assignment Description: | Click to enter text.so that Click to enter text. | | Assessment by:   * Supervisor Observation: | *Describe the assessment method(s) that apply:*  Click to enter text. | | * Feedback: | Click to enter text. | | * Other: | Click to enter text. | | Success is (measure): | Click to enter text. | | Assignment Title: | Click to enter text. | | Assignment Description: | Click to enter text.so that Click to enter text. | | Assessment by:   * Supervisor Observation: | *Describe the assessment method(s) that apply:*  Click to enter text. | | * Feedback: | Click to enter text. | | * Other: | Click to enter text. | | Success is (measure): | Click to enter text. | | Assignment Title: | Click to enter text. | | Assignment Description: | Click to enter text.so that Click to enter text. | | Assessment by:   * Supervisor Observation: | *Describe the assessment method(s) that apply:*  Click to enter text. | | * Feedback: | Click to enter text. | | * Other: | Click to enter text. | | Success is (measure): | Click to enter text. | | Assignment Title: | Click to enter text. | | Assignment Description: | Click to enter text.so that Click to enter text. | | Assessment by:   * Supervisor Observation: | *Describe the assessment method(s) that apply:*  Click to enter text. | | * Feedback: | Click to enter text. | | * Other: | Click to enter text. | | Success is (measure): | Click to enter text. | | | | | | | |
| **Key Competencies Expected**   |  |  | | --- | --- | | **Short Title** | **Description of Knowledge, Skill, or Behavior** | | Click to enter text. | Click to enter text. | | Click to enter text. | Click to enter text. | | Click to enter text. | Click to enter text. | | Click to enter text. | Click to enter text. | | Click to enter text. | Click to enter text. | | | | | | | |
| **Part 2: Training & Development Needs/Opportunities** | | | | | | |
| **Title**  Click to enter text. | | **Key Learning Expected**  Click to enter text. | | | | |
| Click to enter text. | | Click to enter text. | | | | |
| Click to enter text. | | Click to enter text. | | | | |
| **Part 3: Organizational Support** (Optional)  The *employee* may complete this section at the beginning of the performance period. | | | | | | |
| Please suggest how others (e.g., supervisor, co-workers, management) can best support your current and future work goals.  Click to enter text. | | | | | | |
| **Acknowledgement Of Performance Plan**  The signatures below indicate that the supervisor and employee have discussed the contents of this plan at the beginning of the performance period. | | | | | | |
| Date | Evaluator’s Signature | | | Date | Employee’s Signature | |
| ***NOTE:*** *Typically, once the performance evaluation is completed and signed by all parties,* the supervisor provides the employee a copy and the original is forwarded to Human Resources to be placed in the employee’s personnel file. Supervisors should check with their Human Resources office for organization specific instructions. End document. | | | | | | |