Performance and Development Plan (PDP) – Expectations

Evaluation Information							
Position Description Reviewed?	Yes		No				
Position Description Updated?	Yes		No	No			
Performance Period:	From		То				
Purpose of Plan and Review:	Annual	Trial Service	Probationary	Transitional			
	Other, specify:						
Employee Information							
Last Name:	First Name:		Mid	Middle Initial:			
Personnel Number:	Posi	tion Number:					
Class Title:							
Working Title:							
Agency/Division/Unit:							
Evaluator's Name:							

Position Linkage with Organizational Mission and Strategic Plan

What is the organization's mission and how do the duties and responsibilities of this position link or contribute to the achievement of the mission, goals, and objectives of the organization? Provide brief summary.

Part 1: Performance Expectations

Based on the position's major responsibilities, outline the key results and competencies expected of the employee during this performance period. Limit the list to those that are key. Check with your Human Resources office regarding any special instructions around determining what competencies to use.

Key Results

What are the most important objectives, outcomes, and/or special assignments to accomplish in order to be successful during this time period?

Key Competencies

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What are the most important knowledge, skills, abilities, and behaviors that the employee should demonstrate in order to be successful?

Part 2: Training & Development Needs/Opportunities What training and development needs and opportunities should the employee focus on during this performance period?

Part 3: Organizational Support (Optional)

Part 3 is optional and to be completed *only by the employee*, at the beginning of the performance period.

What suggestions do you have as to how your supervisor, co-workers, and/or agency management can better support you in your present job and future career goals?

Acknowledgement of Performance Plan

The sig	ınatures below	indicate th	nat the sup	ervisor an	d employee	have c	discussed t	the cont	ents c	of this
plan at	the beginning	of the perfe	ormance p	eriod.						

Evaluator's Signature: Date:

Employee's Signature: Date:

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.