## Section A: ID

<table>
<thead>
<tr>
<th>Reason for PMP</th>
<th>Start Date</th>
<th>End Date</th>
<th>Agency</th>
<th>Supervisor</th>
<th>Organizational Unit/Division</th>
<th>Job Code</th>
</tr>
</thead>
</table>

## Section B: Accountabilities *(Tasks + Performance Standards)*

<table>
<thead>
<tr>
<th>Designation:</th>
<th>Results:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>
### Section B: Accountabilities (Tasks + Performance Standards)

<table>
<thead>
<tr>
<th>ID</th>
<th>Name (LAST, First, M.I.)</th>
<th>Job Title</th>
<th>P.I.N.</th>
<th>Rating</th>
</tr>
</thead>
</table>

#### 6.

**Designation:**

**Results:**

#### 7.

**Designation:**

**Results:**

#### 8.

**Designation:**

**Results:**

### For Supervisors-Managers Only

9. Performance Management Accountability:
   - Provides continuous feedback to employees using specific terms regarding work performance
   - Conducts annual performance appraisals according to policy
   - Helps employees identify areas of strength and areas for development
   - Instructs and demonstrates ways that employees may improve performance or gain new skills
   - Encourages feedback from employees regarding performance management
   - Other:

**Designation:**

**Results:**

### Section C: Overall Accountability Rating

* If all Accountabilities are Meets Standards or below, then the Overall Accountability Rating cannot be Exceeds Standards.
* If any critical Accountability is Does Not Meet Standards, then the Overall Accountability Rating cannot be Exceeds Standards.
* If any three Accountabilities are either Needs Improvement or Does Not Meet Standards, then the Overall Accountability Rating cannot be Exceeds Standards.

**Overall Accountability Rating:**

(Enter the Overall Accountability Rating again in Section E.)
<table>
<thead>
<tr>
<th>ID</th>
<th>Name (LAST, First, M.I.)</th>
<th>Job Title</th>
<th>P.I.N.</th>
</tr>
</thead>
</table>

**Section D: Behaviors**

1. **Customer Service Orientation**

   Results:

2. **Teamwork**

   Results:

3. **Problem-Solving Initiative**

   Results:

4. **Leadership**

   Results:

5. **Observing Work Hours and Using Leave** *(Do not consider any leave that is approved under FMLA.)*

   Results:
Section E: Overall Performance Rating

1. Enter the Overall Accountability Rating (from Section C):

   Overall Accountability Rating:

2. To arrive at an Overall Performance Rating, consider the ratings on the Behaviors:

   * If two or more Behaviors are Does Not Meet Standards, then the Overall Performance Rating must be one level lower than the Overall Accountability Rating.

   * If two or more Behaviors are Exceeds Standards, then the Overall Performance Rating may be one level higher than the Overall Accountability Rating.

3. Record the Overall Performance Rating:

   Overall Performance Rating:

Section F: Summary / Development Plan

Performance Strengths:

Performance Areas for Development:

Development Plan:
### Section G: Record of Meetings/Discussions

<table>
<thead>
<tr>
<th>Purpose of Meeting</th>
<th>Start Date</th>
<th>Supervisor’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Planning</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employee’s Signature: ______________________ Date: ____________

Reviewer’s Signature: ______________________ Date: ____________

<table>
<thead>
<tr>
<th>Purpose of Meeting</th>
<th>Date</th>
<th>Supervisor’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-Year Review</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employee’s Signature: ______________________ Date: ____________

Reviewer’s Signature: ______________________ Date: ____________

(This section is OPTIONAL and is used for extra meetings.)

<table>
<thead>
<tr>
<th>Purpose of Meeting</th>
<th>Date</th>
<th>Supervisor’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Employee’s Signature: ______________________ Date: ____________

Reviewer’s Signature: ______________________ Date: ____________

<table>
<thead>
<tr>
<th>Purpose of Meeting</th>
<th>End Date</th>
<th>Supervisor: I certify that this report represents my best judgment and has been discussed with the employee.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closeout of the PMP</td>
<td></td>
<td>Supervisor’s Signature: ______________________ Date: ____________</td>
</tr>
</tbody>
</table>

Employee: I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate my agreement with the contents of the report.

Reviewer: I certify that I agree with this report and have listed any exceptions/comments in the Additional Comments section.

Employee’s Signature: ______________________ Date: ____________

Reviewer’s Signature: ______________________ Date: ____________

Employee Comments:

Additional Comments (Supervisor and/or Reviewer):

This page is to be maintained by supervisor and attached after the PMP closeout.

Copies: ________ Employee
         ________ Supervisor
         ________ Agency Human Resources Department
         ________ Other