# Performance and Development Plan (PDP)

# Expectations

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| 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 |

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| 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.  Click to enter text. |

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| 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?  Click to enter text. |
| **Key Competencies**  What are the most important knowledge, skills, abilities, and behaviors that the employee should demonstrate in order to be successful?  Click to enter text. |

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

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| 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?  Click to enter text. |

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| 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. | | | |