# Performance and Development Plan (PDP) – Expectations

<b>Expectation Information</b>	n						
Position Description Reviewed?	Yes		No				
Position Description Updated?	Yes		No				
Performance Period:	From	ı	То				
Purpose of Plan and Review:	Annual	Trial Service	Probationary	Transitional			
	Other, specify:						
<b>Employee Information</b>							
Last Name:	First	Name:	Middle Initial:				
Employee ID#:	Posit	tion Number:					
Class Title:							
Working Title:							
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	signatures	below	ındıcate	that th	ne supervisor	and	employee	have	discussed	the	content	s of t	this
plan	at the begi	nning	of the pe	rforma	ance period.								

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.