***Step 1:*** *Employee completes self-assessment, then shares with supervisor.*

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s Name | Click or tap here to enter text. | Supervisor’s Name | Click or tap here to enter text. |
| Employee’s Title | Click or tap here to enter text. | Supervisor’s Title | Click or tap here to enter text. |
| Department/Unit | Click or tap here to enter text. | | |
| Review Period from | Click here to enter a date. | to | Click here to enter a date. |
| Date of Most Recently Updated PD | Click or tap to enter a date. | NOTE: If duties and responsibilities have changed significantly, the PD should be amended. | |
| Has all assigned training been completed for current performance assessment cycle? NO  YES | | Current PD must be updated?  NO  YES  (if yes, please attach revised PD to PMP) | |

|  |  |
| --- | --- |
| **ACKNOWLEDGING ACCOMPLISHMENTS** | |
| At least 3 of my notable accomplishments during this review period | |
| Click or tap here to enter text. | |
| *Supervisor’s Response:*  Click or tap here to enter text. | |
| **HIGHLIGHTING KEY STRENGTHS** | |
| At least 3 key strengths that make me effective in my role and examples of how I have applied them | |
| Click or tap here to enter text. | |
| *Supervisor’s Response:*  Click or tap here to enter text. | |
| **SETTING GOALS FOR SUCCESS** | |
| At least 3 goals I would like to work toward during the next 6-12 months | |
| Click or tap here to enter text. | |
| *Supervisor’s Response:*  Click or tap here to enter text. | |
| **MAKING SMART CHANGES** | |
| 3 things I want to *do more, do less, start, stop,* or *change* to be even more effective in my role *(Focus on behaviors, practices, etc.)* | |
| 1. | Click or tap here to enter text. |
| 2. | Click or tap here to enter text. |
| 3. | Click or tap here to enter text. |
| *Supervisor’s Response:*  Click or tap here to enter text. | |

***Step 2:*** *supervisor and employee meet and discuss.*

|  |  |  |
| --- | --- | --- |
| Supervisor’s Signature |  | Click here to enter a date. |
| *If employee’s overall performance is less-than satisfactory, please describe the plan of action. Performance that is less-than satisfactory is not eligible for a merit salary increase if applicable.*  Click or tap here to enter text. | | |

***Step 3:*** *employee adds optional final comments, and signs*

|  |  |  |
| --- | --- | --- |
| Employee’s Signature |  | Click here to enter a date. |
| *Employee’s Final Comments (optional)*  Click or tap here to enter text. | | |

***Step 4:*** *second level supervisor reviews PMP, and signs*

|  |  |  |
| --- | --- | --- |
| Second Level Supervisor’s Signature |  | Click here to enter a date. |
|  | | |