***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. |
|  |