Performance and Development Plan (PDP) Evaluation Alternate Version

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Type of Evaluation	Performance Period From To			
Purpose of Plan and Review				
Annual 🔄 Trial Service 🔛 Proba	🗌 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		

	Part 1: Results & Competencies		
Key Results			
Assignment Title & Status:		 Complete In Progress Not Started 	 Ongoing Deleted Modified
Success Measure(s):			
Assessment of Performance:			
Assignment Title & Status:		 Complete In Progress Not Started 	 Ongoing Deleted Modified
Success Measure(s):			
Assessment of Performance:			
Assignment Title & Status:		 Complete In Progress Not Started 	 Ongoing Deleted Modified
Success Measure(s):			
Assessment of Performance:			



Assignment Title & Status:		 Complete In Progress Not Started 	 Ongoing Deleted Modified
Success Measure(s):			
Assessment of Performance:			
Assignment Title & Status:		Complete In Progress Not Started	 Ongoing Deleted Modified
Success Measure(s):			
Assessment of Performance:			
Key Competencies			
Short Title	Description of Progress		
Other Delevent Information			
Other Relevant Information	optional)		
Other Relevant Information	(optional)		
Other Relevant Information	optional)		
Other Relevant Information	optional)		
Other Relevant Information	optional)		



Part 2: Training & Development			
Title	Status		Description of Key Learning Observed
	Complete	Ongoing	
	In Progress	Deleted	
	Not Started	Modified	
	Complete	Ongoing	
	In Progress	Deleted	
	Not Started	Modified	
	Complete	Ongoing	
	In Progress	Deleted	
	Not Started	Modified	

Part 3: Employee Comments (Optional)

The *employee* may use this section to comment on the evaluation, share observations, and/or evaluate how well the organization has met the expectations stated in Part 3 (Organizational Support) of the PDP Expectations form.

Part 4: (Interim U	Jse Only) New Expectations for the Remainder of the Performance Period
Assignment Title:	
Assignment Description:	
Assessment by:Supervisor Observation:	Describe the assessment method(s) that apply:
Feedback:	
• Other:	
Success is (measure):	



Competency Short Title	Description of Knowledge, Skill, or Behavior
Training/Development Title	Key Learning Expected

Acknowledgement Of Performance Evaluation The signatures below indicate that the supervisor and employee have discussed the contents of this evaluation.			
This report is based on my best judgment.			
Date	Evaluator's Signature		
This report has been discussed with me.			
Date	Employee's Signature		
I have reviewed this report and in my judgment, the process has been properly followed. In addition, the following comments are offered concerning the employee's performance.			
Comments:		Date	Reviewer'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.