**State of Oklahoma**

**Performance Management Process (PMP)**

**Section A:**

| ID | | Name (Last, First, M.I.) | | | | | | Job Title | | | | P.I.N. |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | |  | | | |  |
| Reason for PMP | Start Date | | End Date | Agency | Supervisor | | | | Organizational Unit/Division | Job Code | | |
|  |  | |  |  |  | | | |  |  | | |
| **Section B: Accountabilities** *(Tasks + Performance Standards)* | | | | | | | | | | | **Rating** | |
| 1. | | | | | | | | | | |  | |
| **Designation:** | | | | | | | | | | |  | |
| **Results:** | | | | | | | | | | |  | |
| 2. | | | | | | | | | | |  | |
| **Designation:** | | | | | | | | | | |  | |
| **Results:** | | | | | | | | | | |  | |
| 3. | | | | | | | | | | |  | |
| **Designation:** | | | | | | | | | | |  | |
| **Results:** | | | | | | | | | | |  | |
| 4. | | | | | | | | | | |  | |
| **Designation:** | | | | | | | | | | |  | |
| **Results:** | | | | | | | | | | |  | |
| 5. | | | | | | | | | | |  | |
| **Designation:** | | | | | | | | | | |  | |
| **Results:** | | | | | | | | | | |  | |
| 6. | | | | | | | | | | |  | |
| **Designation:** | | | | | | | | | | |  | |
| **Results:** | | | | | | | | | | |  | |
| 7. | | | | | | | | | | |  | |
| **Designation:** | | | | | | | | | | |  | |
| **Results:** | | | | | | | | | | |  | |
| 8. | | | | | | | | | | |  | |
| **Designation:** | | | | | | | | | | |  | |
| **Results:** | | | | | | | | | | |  | |
| **For Supervisors/Managers Only**  9. Performance Management Accountability:  -- Provides continuous feedback to employees using specific terms regarding work performance  -- Conducts annual performance appraisals according to policy  -- Helps employees identify areas of strength and areas for development  -- Instructs and demonstrates ways that employees may improve performance or gain new skills  -- Encourages feedback from employees regarding performance management  -- Other: | | | | | | | | | | |  | |
| **Designation:** | | | | | | | | | | |  | |
| **Results:** | | | | | | | | | | |  | |
| **Section C: Overall Accountability Rating**  \* If all Accountabilities are Meets Standards or below, then the Overall Accountability Rating cannot be Exceeds Standards.  \* If any *critical* Accountability is Does Not Meet Standards, then the Overall Accountability Rating cannot be Exceeds Standards.  \* If any three Accountabilities are either Needs Improvement or Does Not Meet Standards, then the Overall Accountability Rating cannot be Exceeds Standards.  **Overall Accountability Rating:**  (Enter the Overall Accountability Rating again in Section E.) | | | | | | | | | | | | |
|  | | | | | | | | | | |  | |
| **Section D: Behaviors** | | | | | | | | | | | **Rating** | |
| 1. **Customer Service Orientation**  •Listens and responds to customers in a courteous and professional manner; empathizes and engages in dialog with customers to gain a clear understanding of needs and goals; ensures expectations and time frames are clear and reasonable.  •When a “no” response is necessary, thoroughly explains the reasons and commits to providing options when possible. Looks for creative ways to meet customer needs.  •Establishes and maintains good working relationships with others. | | | | | | | | | | |  | |
|  | | | | | | | | | | |  | |
| **Results:** | | | | | | | | | | |  | |
| 2. **Teamwork**  •Keeps others informed about tasks, projects and issues, and shares experiences and information to help others learn more about the work/department/agency.  •Seeks input from coworkers; collaborates to resolve common problems; puts team success first; gives praise and credit to others.  •Willingly volunteers for projects or assignments.  •Treats others with respect and addresses conflict in a professional manner. | | | | | | | | | | |  | |
|  | | | | | | | | | | |  | |
| **Results:** | | | | | | | | | | |  | |
| 3. **Problem-Solving Initiative**  •Consistently identifies the cause of a problem and asks meaningful, relevant questions to understand the problem.  •Breaks down complex problems into fundamental parts.  •Recognizes when information is missing, incomplete or inaccurate; finds the necessary resources and information to provide timely resolution.  •Revises priorities based on changing needs of the customer or new requests for assistance. | | | | | | | | | | |  | |
|  | | | | | | | | | | |  | |
| **Results:** | | | | | | | | | | |  | |
| 4. **Leadership**  •Promotes a supportive work environment and effectively manages conflict.  •Remains informed of changes in agency policy and procedures.  •Sets a good example for others in performance and behavior.  •Mentors staff/coworkers. | | | | | | | | | | |  | |
|  | | | | | | | | | | |  | |
| **Results:** | | | | | | | | | | |  | |
| 5. **Observing Work Hours and Using Leave** *(Do not consider any leave that is approved under FMLA.)*  •Makes productive use of work time and focuses on assigned duties and tasks.  •Considers work flow issues when requesting annual leave and taking breaks.  •Follows agency policy in use of sick leave; notifies supervisor in a timely manner.  •Arrives at work and meetings on time. | | | | | | | | | | |  | |
|  | | | | | | | | | | |  | |
| **Results:** | | | | | | | | | | |  | |
| **Section E: Overall Performance Rating**  1. Enter the Overall Accountability Rating (from Section C):  Overall Accountability Rating:  2. To arrive at an Overall Performance Rating, consider the ratings on the Behaviors:  \* If two or more Behaviors are Does Not Meet Standards, then the Overall Performance Rating *must* be one level lower than the Overall Accountability Rating.  \* If two or more Behaviors are Exceeds Standards, then the Overall Performance Rating *may* be one level higher than the Overall Accountability Rating.  3. Record the Overall Performance Rating: | | | | | | | | | | | | |
| **Overall Performance Rating:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Section F: Summary / Development Plan** | | | | | | | | | | | | |
| **Performance Strengths:** | | | | | | | | | | | | |
| **Performance Areas for Development:** | | | | | | | | | | | | |
| **Development Plan:** | | | | | | | | | | | | |
| **Section G: Record of Meetings/Discussions** | | | | | | | | | | | | |
| Purpose of  Meeting: **Initial Planning** Start Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor’s Signature Date | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_  Employee’s Signature Date | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewer’s Signature Date | | | | | | |
| Purpose of  Meeting: **Mid-Year Review** | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  Supervisor’s Signature Date | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_  Employee’s Signature Date | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewer’s Signature Date | | | | | | |
| (This section is OPTIONAL and is used for extra meetings.)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_  Purpose of Meeting Date | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor’s Signature Date | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_  Employee’s Signature Date | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewer’s Signature Date | | | | | | |
| Purpose of  Meeting: **Closeout of the PMP** End Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Supervisor: I certify that this report represents my best judgment and has been discussed with the employee.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor’s Signature Date | | | | | | |
| Employee: I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate my agreement with the contents of the report.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_  Employee’s Signature Date | | | | | | Reviewer: I certify that I agree with this report and have listed any exceptions/comments in the Additional Comments section.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewer’s Signature Date | | | | | | |
| Employee Comments: | | | | | | Additional Comments (Supervisor and/or Reviewer): | | | | | | |
| **This page is to be maintained by supervisor and attached after the PMP closeout.** | | | | | | | | | | | | |
|  | | | | | | | Copies: \_\_\_\_\_\_\_\_\_ Employee  \_\_\_\_\_\_\_\_\_ Supervisor  \_\_\_\_\_\_\_\_\_ Agency Human Resources Department  \_\_\_\_\_\_\_\_\_ Other | | | | | |