**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 |