

State of Oklahoma  
**Performance Management Process (PMP)**

<b>Section A: ID</b>	Name (LAST, First, M.I.)	Job Title	P.I.N.
----------------------	--------------------------	-----------	--------

Reason for PMP	Start Date	End Date	Agency	Supervisor	Organizational Unit/Division	Job Code
----------------	------------	----------	--------	------------	------------------------------	----------

<b>Section B: Accountabilities</b> ( <i>Tasks + Performance Standards</i> )	<b>Rating</b>
1.	
<b>Designation:</b>	
<b>Results:</b>	
2.	
<b>Designation:</b>	
<b>Results:</b>	
3.	
<b>Designation:</b>	
<b>Results:</b>	
4.	
<b>Designation:</b>	
<b>Results:</b>	
5.	
<b>Designation:</b>	
<b>Results:</b>	

ID	Name (LAST, First, M.I.)	Job Title	P.I.N.
----	--------------------------	-----------	--------

<b>Section B: Accountabilities</b> ( <i>Tasks + Performance Standards</i> )		<b>Rating</b>
6.	<b>Designation:</b>	
<b>Results:</b>		
7.	<b>Designation:</b>	
<b>Results:</b>		
8.	<b>Designation:</b>	
<b>Results:</b>		
<b>For Supervisors/Managers Only</b>		
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:		
<b>Designation:</b> Not Applicable		
<b>Results:</b>		

### 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.)

ID	Name (LAST, First, M.I.)	Job Title	P.I.N.
----	--------------------------	-----------	--------

Section D: Behaviors		Rating
<b>1. Customer Service Orientation</b>		
Results:		
<b>2. Teamwork</b>		
Results:		
<b>3. Problem-Solving Initiative</b>		
Results:		
<b>4. Leadership</b>		
Results:		
<b>5. Observing Work Hours and Using Leave</b> <i>(Do not consider any leave that is approved under FMLA.)</i>		
Results:		

ID	Name (LAST, First, M.I.)	Job Title	P.I.N.
----	--------------------------	-----------	--------

### 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:**

ID	Name (LAST, First, M.I.)	Job Title	P.I.N.
----	--------------------------	-----------	--------

**Section G: Record of Meetings/Discussions**

Purpose of Meeting: <b>Initial Planning</b>		Start Date: _____ / _____
_____ / _____		Supervisor's Signature _____ Date _____
Employee's Signature _____	Date _____	Reviewer's Signature _____ Date _____

Purpose of Meeting: <b>Mid-Year Review</b>		_____ / _____
_____ / _____		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: <b>Closeout of the PMP</b>		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.		Reviewer: I certify that I agree with this report and have listed any exceptions/comments in the Additional Comments section.
Employee's Signature _____	Date _____	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