JOB PERFORMANCE PLAN

(For System 2/3 only)

page_____ of _____

_____
Print Employee's Name

_____
Print Supervisor's Name

MAJOR JOB RESPONSIBILITY	BEHAVIORS OR WORK OUTCOMES CHARACTERISTIC OF EXCEPTIONAL PERFORMANCE

Reviewer's Signature Date

Employee's Signature Date

Supervisor's Signature Date

PR-0134

If you need more sheets, you may photocopy this form or ask your personnel officer for additional copies.