**Public Service Performance Agreement 2021–2022**

**Core Public Administration (CPA) Privacy Notice**

The information provided in this document is collected under the authority of subsection 11.1 of the Financial Administration Act for the purpose of supporting performance management of employees in the core public administration.

Use of this performance agreement fulfills the responsibility of your department's deputy head to establish an employee performance management program, including annual written performance assessments for all employees as set out in the [Directive on Performance Management](http://publiservice.tbs-sct.gc.ca/pol/doc-eng.aspx?id=27146&section=text), issued pursuant to section 7 and subsection 11.1 of the Financial Administration Act. All employees are required to be assessed in accordance with their terms and conditions of employment.

The information provided may be used or disclosed for the purposes of policy analysis, research, audit, evaluation, statistics, staffing and recruitment, talent management, and succession planning. Specifically, it may be used by federal departments and agencies (listed in schedules I and IV of the Financial Administration Act) for staffing and recruitment purposes, talent management and succession planning, and by the Treasury Board of Canada Secretariat for policy analysis, research and evaluation purposes.

Personal information will be protected under the provisions of the [Privacy Act](http://laws-lois.justice.gc.ca/eng/acts/P-21/index.html) and will be stored in [Personal Information Bank TBS PCE 754](http://publiservice.tbs-sct.gc.ca/atipo-baiprp/sfg-srg/sfg-srg02-eng.asp). Under the Privacy Act, you have the right to request access to your personal information that is held by a government organization and to request corrections should you believe your information contains errors or omissions. If you wish to exercise this right or if you require clarification about this statement, contact the [Access to Information and Privacy Coordinator](http://publiservice.tbs-sct.gc.ca/atip-aiprp/apps/coords/index-eng.asp) within your department or the [Office of the Privacy Commissioner of Canada](http://www.priv.gc.ca/index_e.asp). Retention and disposal of performance management information will be done in accordance with the [*Retention Guidelines for Common Administrative Records of the Government of Canada*](http://www.bac-lac.gc.ca/eng/services/government-information-resources/guidelines/retention-common-administrative-records/Pages/introduction.aspx) and the Library and Archives Canada's [Multi-Institutional Disposition Authority (MIDA) 98/005, Human Resources Management Function.](http://www.bac-lac.gc.ca/eng/services/government-information-resources/disposition/Pages/1998-005-human-resources-management.aspx)

Personal information that you provide about another individual may be accessible to that individual under the Privacy Act.

**Canadian Food Inspection Agency (CFIA) Privacy Notice**

The information provided in this document is collected under the authority of subsection 12.1 of the *Financial Administration Act* and subsection 13.3(b) of the *Parks Canada Agency Act* for the purpose of supporting employee performance management within the Agency. Section 13.3(b) of the *Parks Canada Agency Act* establishes the President and CEO's authority to set the terms and conditions of employment which includes an employee's participation in the performance management process.

This information is being collected and used under the Agency's legislative authority for the following purposes: performance management, human resources planning, training and development, staffing and talent management. The information being collected may also be used or disclosed for the purposes of policy analysis, research, audit, evaluation and statistics. Personal information of PCA employees will be accessible to Treasury Board of Canada Secretariat (TBS), Office of the Chief Human Resources Officer (OCHRO) support personnel as part of their responsibilities in supporting and maintaining the PSPM Application.

Personal information will be protected under the provisions of the [Privacy Act](http://laws-lois.justice.gc.ca/eng/acts/P-21/index.html) and will be stored in [Personal Information Bank PSE 912](http://publiservice.tbs-sct.gc.ca/atipo-baiprp/sfg-srg/sfg-srg02-eng.asp) (Employee Performance Management Program). Under the Privacy Act, you have the right to request access to your personal information that is held by a government organization and to request corrections should you believe your information contains errors or omissions. If you wish to exercise this right or if you require clarification about this statement, contact the Agency's HR department at [pc.talent.pc@canada.ca](mailto:pc.talent.pc@canada.ca). Alternatively, individuals may contact the Agency's Access to Information and Privacy Office at [pc.aiprp-atip.pc@canada.ca](mailto:pc.aiprp-atip.pc@canada.ca) or by mail at 30 Victoria Street, 5th floor (PC-05-C), Gatineau, QC J8X 0B3 Canada. You also have the right to file a complaint to the Office of the Privacy Commissioner of Canada regarding the handling of personal information through the PSPM Application either by the Agency or TBS OCHRO.

Personal information you provide about another individual may be accessible to that individual under the *Privacy Act*.

**Parks Canada Agency (CAP) Privacy Notice**

The information provided in this document is collected under the authority of subsection 12.1 of the *Financial Administration Act* and subsection 13.3(b) of the *Parks Canada Agency Act* for the purpose of supporting employee performance management within the Agency. Section 13.3(b) of the *Parks Canada Agency Act* establishes the President and CEO's authority to set the terms and conditions of employment which includes an employee's participation in the performance management process.

This information is being collected and used under the Agency's legislative authority for the following purposes: performance management, human resources planning, training and development, staffing and talent management. The information being collected may also be used or disclosed for the purposes of policy analysis, research, audit, evaluation and statistics. Personal information of PCA employees will be accessible to Treasury Board of Canada Secretariat (TBS), Office of the Chief Human Resources Officer (OCHRO) support personnel as part of their responsibilities in supporting and maintaining the PSPM Application.

Personal information will be protected under the provisions of the [Privacy Act](http://laws-lois.justice.gc.ca/eng/acts/P-21/index.html) and will be stored in [Personal Information Bank PSE 912](http://publiservice.tbs-sct.gc.ca/atipo-baiprp/sfg-srg/sfg-srg02-eng.asp) (Employee Performance Management Program). Under the Privacy Act, you have the right to request access to your personal information that is held by a government organization and to request corrections should you believe your information contains errors or omissions. If you wish to exercise this right or if you require clarification about this statement, contact the Agency's HR department at [pc.talent.pc@canada.ca](mailto:pc.talent.pc@canada.ca). Alternatively, individuals may contact the Agency's Access to Information and Privacy Office at [pc.aiprp-atip.pc@canada.ca](mailto:pc.aiprp-atip.pc@canada.ca) or by mail at 30 Victoria Street, 5th floor (PC-05-C), Gatineau, QC J8X 0B3 Canada. You also have the right to file a complaint to the Office of the Privacy Commissioner of Canada regarding the handling of personal information through the PSPM Application either by the Agency or TBS OCHRO.

Personal information you provide about another individual may be accessible to that individual under the *Privacy Act*.

**Section A: Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Information** | | **Current Manager Information** | |
| * PRI/HRMIS Number for RCMP/DND Service Number for Military: [PRI] * Surname and given name: [Names] * Department: [Department] * Province/Territory: [Province/Territory] * Group and level: [Group and Level] * Position number **[optional]**: | | * Surname and given name: * Department: [Department] | |
| Departmental Fiscal Year | | | |
| April 1, YYYY – March 31, YYYY  September 1, YYYY – August 31, YYYY  January 1, YYYY – December 31, YYYY | | | |
| **Probation (if applicable; complete Section I)** | | | |
| This is a probationary period. Yes  No | | | |
| **Performance Improvement Plan (if applicable; complete Section F)** | | | |
| The employee has a performance improvement plan. Yes  No  Received a rating of Did not meet or Unsatisfactory in the previous year.  Yes  No | | | |
| **Talent management plan (if applicable; complete Section G)** | | | |
| The employee has a talent management plan.  Yes  No  Received a rating of Surpassed or Exceeds in the previous year.  Yes  No | | | |
| **Learning and development plan (Section D)** | | | |
| The employee has a learning and development plan.  Yes, in Section D of this document  Yes, in a separate template | | If the employee does not have a learning and development plan, specify the reason:  Retirement within the year  Extended leave  Other (specify): | |
| **Employee employment status** | | | |
| Indeterminate | Acting  Beginning: YYYY-MM-DD  End: YYYY-MM-DD | | Assignment  Beginning: YYYY-MM-DD  End: YYYY-MM-DD |
| Term  Beginning: YYYY-MM-DD  End: YYYY-MM-DD | Other (specify):  Beginning: YYYY-MM-DD  End: YYYY-MM-DD | | Secondment  Home:  Host:  Beginning: YYYY-MM-DD  End: YYYY-MM-DD |
| **Unrepresented/excluded (if applicable)** | | | |
| Unrepresented employee | Excluded position | | Position eligible for performance pay |
| **Official languages (required)** | | | |
| First official language: English  French | | | |
| **Linguistic profile of bilingual position (if applicable):**  Reading comprehension:  A  B  C  P  N/A  Written expression:  A  B  C  P  N/A  Oral proficiency:  A  B  C  P  N/A | | | |
| **The employee’s SLE[[1]](#footnote-1) results meet the requirement of theirr position:**  Reading comprehension:  Yes  No  Written expression:  Yes  No  Oral proficiency:  Yes  No | | **Expiry dates**  Reading comprehension: YYYY-MM-DD No expiry  Written expression: YYYY-MM-DD No expiry  Oral proficiency: YYYY-MM-DD No expiry | |
| **Position requirements** | | | |
| **[Optional]**  The position requires a valid **delegated authority**.[[2]](#footnote-2)  Yes  No  If yes, does the employee have a valid delegated authority for the entire performance assessment period?   Yes  No | | | |
| **[Optional]**  The position involves supervisory responsibilities, including the responsibility for **evaluating employee performance**.  Yes  No  If yes, has the employee completed the mandatory online course “Performance Management for the Government of Canada” (G140) and been awarded certification on performance management?  Yes  No | | | |

**Section B: Work Objectives – Employee’s Contribution to Business Priorities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Beginning of the Performance Management Cycle** | | | **Mid-Year Review** | **Year-End Assessment**  **Results Achieved** |
| **Departmental Priorities or Ongoing Program Delivery / Operational Activities** | **Employee** [**Work Objectives**](http://intranet.canada.ca/hr-rh/ptm-grt/pm-gr/pmc-dgr/wo-ot-eng.asp) | **Performance Indicator**  **or Standard** |
|  | *Work objective 1* |  | On track to meet expectations  Performance results to date indicate need for improvement  Work objective no longer required  N/A | Manager: |
|  | *Work objective 2* |  | On track to meet expectations  Performance results to date indicate need for improvement  Work objective no longer required  N/A | Manager: |
|  | *Work objective 3* |  | On track to meet expectations  Performance results to date indicate need for improvement  Work objective no longer required  N/A | Manager: |
|  | *Work objective 4* |  | On track to meet expectations  Performance results to date indicate need for improvement  Work objective no longer required  N/A | Manager: |
|  | *Work objective 5* |  | On track to meet expectations  Performance results to date indicate need for improvement  Work objective no longer required  N/A | Manager: |
|  | *Work objective 6* |  | On track to meet expectations  Performance results to date indicate need for improvement  Work objective no longer required  N/A | Manager: |
| **Comments** | | | | |
| Manager: | | | | |
| Employee: | | | | |

**Work Objectives Rating Descriptions and Assignment of Rating**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unable to assess** | **Did Not Meet** | **Succeeded – (minus)** | **Succeeded** | **Succeeded + (plus)** | **Surpassed** |
| Performance cannot be assessed due to reasons specified in Section E (e.g., employee has retired). | Performance **did not meet** expectations. Performance results were **well below** expected performance indicators or standard defined for the work objectives and/or **hampered** the achievement of organizational goals and objectives. Timely and significant improvement is required.  (Note: When performance is at this level for work objectives or core competencies, a **performance improvement plan** is required.) | Performance **meets some** but not all expectations. The employee demonstrates the potential and motivation to achieve their work objectives; however, occasional lapses have been observed during the performance management cycle. Performance results indicate a **need for improvement** or development in some areas. | Performance **fully meets** all expectations. The employee has effectively achieved all of their work objectives. The employee makes a positive contribution toward the achievement of organizational goals and objectives. | Performance **exceeds** expectations and consistently generates strong results above those required of the position. The employee makes a significant contribution toward the achievement of organizational goals and objectives. | Performance is outstanding. The employee makes an **exceptional** contribution to strategic organizational goals and objectives and consistently surpasses position requirements. The employee consistently delivers results that provide exceptional value to the team, stakeholders and the Department. |
| If unable to assess, specify reason:  Retired  Extended leave  Training  Left the core public administration  Acting or promoted to EX  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Section C: Competencies (expected behaviours)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **[Competencies](http://intranet.canada.ca/hr-rh/ptm-grt/pm-gr/pmc-dgr/comp-eng.asp)**  **(expected behaviours)** | **Mid-Year Review** | **Year-End Assessment**  **Competencies Demonstrated** |
| **Core** | 1. Demonstrating integrity and respect | On track to meet expectations  Competencies demonstrated to date indicate need for improvement  Not applicable | Manager: |
| 1. Thinking things through | On track to meet expectations  Competencies demonstrated to date indicate need for improvement  Not applicable | Manager: |
| 1. Working effectively with others (e.g., working relationships with others and teamwork) | On track to meet expectations  Competencies demonstrated to date indicate need for improvement  Not applicable | Manager: |
| 1. Showing initiative and being action-oriented (e.g., initiative) | On track to meet expectations  Competencies demonstrated to date indicate need for improvement  Not applicable | Manager: |
| **Functional** | **[Optional]**  Determined by manager or organization (if deemed necessary).  **Will not be rolled up in the overall year-end rating.** | | |
| **Technical** | **[Optional]**  Determined by manager or organization (if deemed necessary).  **Will not be rolled up in the overall year-end rating.** | | |
| **Comments** | | | |
| Manager: | | | |
| Employee: | | | |

**Core Competencies Rating Descriptions and Assignment of Rating**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unable to assess** | **Did Not Meet** | **Succeeded – (minus)** | **Succeeded** | **Succeeded + (plus)** | **Surpassed** |
| Performance cannot be assessed due to reasons specified in Section E (e.g., employee has retired). | The employee **rarely or never** demonstrated effective behaviours.  (Note: When performance is at this level for core competencies or work objectives, a **performance improvement plan** is required.) | The employee has shown **inconsistencies** in the demonstration of effective behaviours in **typical day-to-day situations**. | The employee **consistently** demonstrated effective behaviours in **typical day-to-day situations**. | The employee **consistently** demonstrated effective behaviours in a **variety of situations including some situations which were new and/or challenging**. | The employee **consistently** demonstrated effective behaviours in a **broad range of situations including in those which were new and/or very challenging**. |
| If unable to assess, specify reason:  Retired  Extended leave  Training  Left the core public administration  Acting or promoted to EX  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Section D: Learning and Development Plan (organizations can choose to use their own learning and development plan template or the one below)**

**The approval of learning activities in Section D does not constitute formal approval. Please check with your manager to determine the approval process required.**

| **Category\*** | **Learning Objective**  **(competency or skill to be developed or related to position requirement)** | **Learning Activity** | **Investment (required)** | | | **Type of** [**Learning Activities**](http://intranet.canada.ca/hr-rh/ptm-grt/pm-gr/pmc-dgr/def-act-eng.asp) | **Status\*\*** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost** | **Time**  **(hours)** | **Travel Costs** |
| Job-specific (learning activities)  Job-specific (corporate mandatory learning)  Job-specific (public service mandatory learning)  Career development |  | *Activity 1* | **$** | **hours** | **$** | Action learning  Blended learning  Classroom  Coaching  Communities of practice  Conferences  Developmental program  E-learning  Functional communities  Job shadowing  Mentoring  National Managers’ Community  On-the-job training  Workshops  Young Professionals Network  Other: | In progress  Completed on YYYY-MM-DD\*  Pending  No longer required  Deferred |
| Job-specific (learning activities)  Job-specific (corporate mandatory learning)  Job-specific (public service mandatory learning)  Career development |  | *Activity 2* | **$** | **hours** | **$** | Action learning  Blended learning  Classroom  Coaching  Communities of practice  Conferences  Developmental program  E-learning  Functional communities  Job shadowing  Mentoring  National Manager’s Community  On-the-job training  Workshops  Young Professionals Network  Other: | In progress  Completed on YYYY-MM-DD\*  Pending  No longer required  Deferred |
| Job-specific (learning activities)  Job-specific (corporate mandatory learning)  Job-specific (public service mandatory learning)  Career development |  | *Activity 3* | **$** | **hours** | **$** | Action learning  Blended learning  Classroom  Coaching  Communities of practice  Conferences  Developmental program  E-learning  Functional communities  Job shadowing  Mentoring  National Managers’ Community  On-the-job training  Workshops  Young Professionals Network  Other: | In progress  Completed on YYYY-MM-DD\*  Pending  No longer required  Deferred |
| Job-specific (learning activities)  Job-specific (corporate mandatory learning)  Job-specific (public service mandatory learning)  Career development |  | *Activity 4* | **$** | **hours** | **$** | Action learning  Blended learning  Classroom  Coaching  Communities of practice  Conferences  Developmental program  E-learning  Functional communities  Job Shadowing  Mentoring  National Manager’s Community  On-the-job training  Workshops  Young Professionals Network  Other: | In progress  Completed on YYYY-MM-DD\*  Pending  No longer required  Deferred |
| Job-specific (learning activities)  Job-specific (corporate mandatory learning)  Job-specific (public service mandatory learning)  Career development |  | *Activity 5* | **$** | **hours** | **$** | Action learning  Blended learning  Classroom  Coaching  Communities of practice  Conferences  Developmental program  E-learning  Functional communities  Job Shadowing  Mentoring  National Manager’s Community  On-the-job training  Workshops  Young Professionals Network  Other: | In progress  Completed on YYYY-MM-DD\*  Pending  No longer required  Deferred |
| Job-specific (learning activities)  Job-specific (corporate mandatory learning)  Job-specific (public service mandatory learning)  Career development |  | *Activity 6* | **$** | **hours** | **$** | Action learning  Blended learning  Classroom  Coaching  Communities of practice  Conferences  Developmental program  E-learning  Functional communities  Job shadowing  Mentoring  National Manager’s Community  On-the-job training  Workshops  Young Professionals Network  Other: | In progress  Completed on YYYY-MM-DD\*  Pending  No longer required  Deferred |

|  |  |
| --- | --- |
|  | **Comments:** |
|  | Manager: |
| Employee: |

**\*Category**

* Job-specific (learning activities): Learning required to fulfill your current position requirements
* Job-specific (corporate mandatory learning): Mandatory learning required by your organization
* Job-specific (public service mandatory learning): Mandatory learning required for employees across the public service
* Career development: Learning activities that may support you in achieving your career development goals

**\*\*Status**

* If in progress, this check box should be selected by default.
* The employee is responsible for adding the completion date in their learning plan.
* A date must be added in the “Postponed” category in order to transfer the learning activity to the next fiscal year, if applicable.

**Section E: Signatures, Assessment and Attestation**

|  |
| --- |
| **Beginning of the Assessment Period** |
| **Manager:** The employee and I have discussed the content of this performance agreement, including the commitments regarding the work objectives and the competencies (expected behaviours), and the learning and development plan.  Yes  No  **Employee:** My manager and I have discussed the content of this performance agreement, including the commitments regarding the work objectives and the competencies (expected behaviours), and the learning and development plan.  Yes  No  (Note: This statement indicates that the process has taken place; it does not indicate agreement on the content.)  **[Optional]**  **Employee:** I have read the [*Values and Ethics Code for the Public Sector*](https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=25049), the [*Directive on Conflict of Interest*](https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=32627), and my organization’s code of conduct. I understand that I have an ongoing requirement to comply with these as terms and conditions of employment. This includes reviewing my obligations under the values and ethics code, the directive and my organization’s code of conduct every time there is a significant change in my personal affairs or official duties.  Yes  No  Manager’s signature check box:  Manager’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: YYYY-MM-DD  Employee’s signature check box:  Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: YYYY-MM-DD |
| **Comments** |
| Manager: |
| Employee: |

|  |
| --- |
| **Mid-Year Review Period** |
| **Manager:** The employee and I have discussed the employee’s progress against the work objectives, the competencies (expected behaviours), and the learning and development plan, and have made updates to reflect any changes where applicable.  Yes  No  **Employee:** My manager and I have discussed my progress against the work objectives, the competencies (expected behaviours), and the learning and development plan, and have made updates to reflect any changes where applicable.  Yes  No  (Note: This statement indicates that the process has taken place; it does not indicate agreement on the content.)  Manager’s signature check box:  Manager’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: YYYY-MM-DD  Employee’s signature check box:  Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: YYYY-MM-DD |
| **Comments** |
| Manager: |
| Employee: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year-End Assessment Period**  **The grid in the** [**Appendix**](#Appendix) **must be used to assign the overall performance rating.** | | | | | |
| **Unable to assess** | **Did Not Meet** | **Succeeded -** | **Succeeded** | **Succeeded +** | **Surpassed** |
| Performance cannot be assessed due to reasons specified in Section E (e.g., employee has retired). | Performance **did not meet** expectations.Performance results were **well below** expected performance indicators or standards defined for the work objectives and/or **hampered** the achievement of organizational goals and objectives. Timely and significant improvement is required. | Performance **meets some** but not all expectations.  The employee demonstrates the potential and motivation to achieve their work objectives; however, occasional lapses have been observed during the performance management cycle.  Performance results indicate a **need for improvement or development** in some areas. | Performance **fully meets** all expectations.  The employee has effectively achieved all of their work objectives. The employee makes a positive contribution toward the achievement of organizational goals and objectives. | Performance **exceeds** expectations and consistently generates strong results above those required of the position. The employee makes a significant contribution toward the achievement of organizational goals and objectives. | Performance is outstanding.  The employee makes an **exceptional** contribution to strategic organizational goals and objectives and consistently surpasses position requirements. The employee consistently delivers results that provide exceptional value to the team, stakeholders and the department. |
| If unable to assess, specify reason:  Retired  Extended leave  Training  Left the core public administration  Acting or promoted to EX  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Manager:** The employee and I have discussed the content of this performance agreement, including the assessment against the work objectives and the competencies (expected behaviours). Yes  No  **Employee:** My manager and I have discussed the content of this performance agreement, including the assessment against the work objectives and the competencies (expected behaviours).  Yes  No  (Note: This statement indicates that the process has taken place; it does not indicate agreement on the content.)  **[Optional]**  **Employee:** This assessment, including all related discussions, was completed in my preferred official language in accordance with my language-of-work rights.  Yes  No  Manager’s signature check box:  Manager’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: YYYY-MM-DD  Employee’s signature check box:  Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: YYYY-MM-DD | | | | | |
| **Comments** | | | | | |
| Manager: | | | | | |
| Employee: | | | | | |

|  |
| --- |
| **Second reviewer (if required by your organization)** |
| **Comments:**  Second reviewer’s name:       Date: YYYY-MM-DD |

**Section F: Performance Improvement Plan**

A performance improvement plan, if required, is selected in Section A: Personal Information.

**Message to employee**

It has been determined that you are not meeting the work objective(s) and/or not demonstrating the competency or competencies (expected behaviours) outlined above. This performance improvement plan documents the work objective(s) and competency or competencies for which improvement is required to correct unsatisfactory performance. This performance improvement plan has been developed following discussion with you concerning expected performance improvement and the time period in which to achieve this improvement. During this time period, you must demonstrate that you have the ability to perform all the responsibilities of your current position; otherwise, further action will be taken, which may include demotion, or termination of employment.

|  |
| --- |
| **Details** Performance improvement plan time period: Beginning: YYYY-MM-DD End: YYYY-MM-DD |
| **Desired outcome:** |
| Acknowledgement that the discussion of the performance improvement plan has taken place on YYYY-MM-DD |
| Employee’s signature check box:  Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: YYYY-MM-DD  Manager’s signature check box:  Manager’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: YYYY-MM-DD |

| **Work Objective or Competency Where Improvement Is Required** | **Specific Area(s) of Improvement** | **Required Actions\*\***  **(including dates)** | **Person Responsible for the Action(s)** | **Performance Indicators**  **or Standard** | | **Performance improvement Plan Item Time Period** | | **Progress Review** | **Comments** | **Status**  **at Deadline** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  | | Beginning: YYYY-MM-DD  Deadline: YYYY-MM-DD | On track to succeed  Results to date indicate need for improvement  Work objective no longer required  N/A | Manager:  Employee: | In progress  Succeeded  Did not succeed  No longer required |
|  |  |  |  | |  | | Beginning: YYYY-MM-DD  Deadline: YYYY-MM-DD | On track to succeed  Results to date indicate need for improvement  Work objective no longer required  N/A | Manager:  Employee: | In progress  Succeeded  Did not succeed  No longer required |
|  |  |  |  | |  | | Beginning: YYYY-MM-DD  Deadline: YYYY-MM-DD | On track to succeed  Results to date indicate need for improvement  Work objective no longer required  N/A | Manager:  Employee: | In progress  Succeeded  Did not succeed  No longer required |
|  |  |  |  | |  | | Beginning: YYYY-MM-DD  Deadline: YYYY-MM-DD | On track to succeed  Results to date indicate need for improvement  Work objective no longer required  N/A | Manager:  Employee: | In progress  Succeeded  Did not succeed  No longer required |
|  |  |  |  | |  | | Beginning: YYYY-MM-DD  Deadline: YYYY-MM-DD | On track to succeed  Results to date indicate need for improvement  Work objective no longer required  N/A | Manager:  Employee: | In progress  Succeeded  Did not succeed  No longer required |
|  |  |  |  | |  | | Beginning: YYYY-MM-DD  Deadline: YYYY-MM-DD | On track to succeed  Results to date indicate need for improvement  Work objective no longer required  N/A | Manager:  Employee: | In progress  Succeeded  Did not succeed  No longer required |
|  |  |  |  | |  | | Beginning: YYYY-MM-DD  Deadline: YYYY-MM-DD | On track to succeed  Results to date indicate need for improvement  Work objective no longer required  N/A | Manager:  Employee: | In progress  Succeeded  Did not succeed  No longer required |
|  |  |  |  | |  | | Beginning: YYYY-MM-DD  Deadline: YYYY-MM-DD | On track to succeed  Results to date indicate need for improvement  Work objective no longer required  N/A | Manager:  Employee: | In progress  Succeeded  Did not succeed  No longer required |
|  |  |  |  | |  | | Beginning: YYYY-MM-DD  Deadline: YYYY-MM-DD | On track to succeed  Results to date indicate need for improvement  Work objective no longer required  N/A | Manager:  Employee: | In progress  Succeeded  Did not succeed  No longer required |
|  |  |  |  | |  | | Beginning: YYYY-MM-DD  Deadline: YYYY-MM-DD | On track to succeed  Results to date indicate need for improvement  Work objective no longer required  N/A | Manager:  Employee: | In progress  Succeeded  Did not succeed  No longer required |

\*\*Required actions include meetings between the employee and their manager to discuss progress made.

|  |
| --- |
| **Closure of Performance Improvement Plan** |
| **Results at Deadline**  In progress Succeeded Did not succeed  No longer required |
| Acknowledgment of Closure of the Performance Improvement Plan  Acknowledgement that the discussion has taken place on YYYY-MM-DD  Employee’s signature check box:  Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: YYYY-MM-DD  Manager’s signature check box:  Manager’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: YYYY-MM-DD |
| **Comments** |
| Manager: |
| Employee: |

**Section G: Talent Management Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Employee’s Consent** | | | | | |
| I agree to have / accept a Talent Management Plan in the knowledge that information voluntarily provided by me for the purposes of the Plan may be shared with senior management and others for the purposes of identifying appropriate activities that match my profile and interests to potential career opportunities and the business priorities of the Government of Canada. Furthermore, I recognize that there are no guarantees that all of my interests will be met, and that having a plan does not replace a staffing action.  Yes (complete numbers 2 to 11 as needed)  No | | | | | |
| **2. Employee’s Information** | | | | | |
| PRI or HRMIS: [PRI]  Surname and given name: [Names]  Group and level: [Group and Level]  Province/Territory: [Province/territory]Department: [Department] | | | | | |
| **3. Date That the Plan Was Established** | | | | | |
| YYYY-MM-DD | | | | | |
| **4. Previous Year’s Performance Rating** | | | | | |
| **Work Objectives**  Did not meet  Succeeded -  Succeeded  Succeeded +  Surpassed | | | | | |
| **Competencies**  Did not meet  Succeeded -  Succeeded  Succeeded +  Surpassed | | | | | |
| **Overall**  Did not meet  Succeeded -  Succeeded  Succeeded +  Surpassed | | | | | |
| **5. Employee’s Current Linguistic Proficiency** | | | | | |
| **First official language:**  English  French | | | | | |
| **Second official language proficiency** | | **Reading comprehension**  A  B  C  E  Not assessed  Expiry date (if applicable): YYYY-MM-DD | **Written expression**  A  B  C  E  Not assessed  Expiry date  (if applicable):  YYYY-MM-DD | | **Oral proficiency**  A  B  C  E  Not assessed  Expiry date  (if applicable):  YYYY-MM-DD |
| **Other languages** | Arabic | | | Beginner  Intermediate  Advanced | |
| Cantonese | | | Beginner  Intermediate  Advanced | |
| German | | | Beginner  Intermediate  Advanced | |
| Italian | | | Beginner  Intermediate  Advanced | |
| Japanese | | | Beginner  Intermediate  Advanced | |
| Mandarin | | | Beginner  Intermediate  Advanced | |
| Portuguese | | | Beginner  Intermediate  Advanced | |
| Punjabi | | | Beginner  Intermediate  Advanced | |
| Russian | | | Beginner  Intermediate  Advanced | |
| Sign language | | | Beginner  Intermediate  Advanced | |
| Spanish | | | Beginner  Intermediate  Advanced | |
| Cree | | | Beginner  Intermediate  Advanced | |
| Inuktitut | | | Beginner  Intermediate  Advanced | |
| Ojibwe/Ojibwa | | | Beginner  Intermediate  Advanced | |
| Dene Languages | | | Beginner  Intermediate  Advanced | |
| Innu Montagnais | | | Beginner  Intermediate  Advanced | |
| Oji-Cree | | | Beginner  Intermediate  Advanced | |
| Mi’kmaq | | | Beginner  Intermediate  Advanced | |
| Atikamekw | | | Beginner  Intermediate  Advanced | |
| Blackfoot | | | Beginner  Intermediate  Advanced | |
| Stoney | | | Beginner  Intermediate  Advanced | |
| Mohawk | | | Beginner  Intermediate  Advanced | |
| Michif | | | Beginner  Intermediate  Advanced | |
| Other: | | | Beginner  Intermediate  Advanced | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **6. Employee’s Educational Profile** | | | | | | |
| **Educational achievements** | **Secondary School** | | **College or CEGEP** | | | **University** |
| Grade 12 in all provinces and territories  Secondaire II in Quebec, Grade 8 in all other provinces and territories  Secondaire III in Quebec, Grade 9 in all other provinces and territories  Secondaire IV, SSVD, AVS in Quebec, Grade 10 in all other provinces and territories  Secondaire V, SSVD, AVS in Quebec, Grade 11 in all other provinces and territories | | College or CEGEP credits  College or CEGEP attestation  College or CEGEP certificate  College or CEGEP diploma  College or CEGEP Bachelor or Applied Bachelor  College or CEGEP Master or Applied Master | | | University credits  University certificate or diploma  Bachelor’s degree  Graduate diploma (DESS)  Master’s degree  Doctorate  Post-doctorate studies |
| Please select an **area of study** below: | | | | | |
| **Area of Study** | | | | | |
| Administration Sciences  Agriculture, Food Sciences, Forestry and Fisheries  Arts, Language and Literature  Communications, Media and Information Sciences  Computer Science, Information Management and Information Technology  Education, Tourism, Recreation and Leisure  Engineering, Technology, Architecture and Planning | | | | Law and Protection Services  Medical, Health and Animal Sciences  Pure, Natural and Applied Sciences  Sciences  Social Sciences and Humanities  Technology  Trades  Water, Environmental, Earth and Atmospheric Sciences | |
| **Professional designations, affiliations and certifications** |  | | | | | |
| **Volunteer experience** |  | | | | | |
| **Awards/recognition** |  | | | | | |
| **Work accomplishments and strengths** |  | | | | | |
| **7. Employee’s Mobility Preferences** | | | | | | |
| **Willingness to relocate within Canada** | Yes  No | | | | | |
| Where: | National Capital Region  Ontario  Quebec  Nova Scotia  New Brunswick  Prince Edward Island  Newfoundland and Labrador  All | | Manitoba  Saskatchewan  Alberta  British Columbia  Nunavut  Yukon  Northwest Territories | | |
| **Willingness to relocate outside Canada** | Yes  No | | | | | |
| **Mobility considerations** |  | | | | | |
| **8. Employee’s Career Interests** | | | | | | |
| **Interest in staying in current position at current level but seeking new challenges (e.g., special assignment, project, functional leadership opportunity, etc.)** | | Yes  No | | | | |
| If yes, provide details: | | | | |
| **Interest in another position at current level** | | Yes  No | | | | |
| If yes:  In current department/agency  and/or  In another department/agency | | | | |
| If yes, provide details: | | | | |
| **Interest in advancing to the next level in current occupational group** | | Yes  No | | | | |
| If yes:  In current department/agency  and/or  In another department/agency | | | | |
| If yes, provide details: | | | | |
| **Interest in moving to a different occupational group** | | Yes  No | | | | |
| If yes:  In current department/agency  and/or  In another department/agency | | | | |
| If yes, details: | | | | |
| **Interest in gaining experience working temporarily outside the federal public service** | | Yes  No | | | | |
| If yes, provide details: | | | | |
| **Other** | | Details: | | | | |
| **9. Desired Outcome of Talent Management Plan** | | | | | | |
|  | | | | | | |

| **10. Developmental Plan Items** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Objective** | **Activity** | [**Type of Activity**](http://intranet.canada.ca/hr-rh/ptm-grt/pm-gr/pmc-dgr/def-act-eng.asp) | **Accountabilities for Activity**  **(employee, and/or manager and/or other)** | **Estimate** | | | **Projected end date of Activity** | **Status** | **Comments** |
| **Costs** | **Time**  **(hour)** | **Travel costs**  **(if applicable)** |
|  |  | Action learning  Blended learning  Classroom  Coaching  Communities of practice  Conferences  Developmental program  E-learning  Functional communities  Job shadowing  Mentoring  National Managers’ Community  On-the-job training  Workshops  Young Professional Networks  Other: |  | **$** | **Hours** | **$** | YYYY-MM-DD | In progress  Completed  Pending  No longer required  Deferred | **Employee:** |
| **Manager:** |
|  |  | Action learning  Blended learning  Classroom  Coaching  Communities of practice  Conferences  Developmental program  E-learning  Functional Communities  Job shadowing  Mentoring  National Managers’ Community  On-the-job training  Workshops  Young Professional Networks  Other: |  | **$** | **Hours** | **$** | YYYY-MM-DD | In progress  Completed  Pending  No longer required  Deferred | **Employee:** |
| **Manager:** |
|  |  | Action learning  Blended learning  Classroom  Coaching  Communities of practice  Conferences  Developmental program  E-learning  Functional communities  Job Shadowing  Mentoring  National Managers’ Community  On-the-job training  Workshops  Young Professional Networks  Other: |  | **$** | **Hours** | **$** | YYYY-MM-DD | In progress  Completed  Pending  No longer required  Deferred | **Employee:** |
| **Manager:** |

|  |
| --- |
| **11. Closure of Talent Management Plan** |
| **Manager** |
| In progress  Desired outcome met  Desired outcome not met  No longer required  If no longer required, provide reason: |
| Date: YYYY-MM-DD |
| **12. Comments** |
| **Manager:** |
| **Employee:** |

**Section H : Career Progression Management Framework for Federal Researchers (RE Framework)**

|  |  |
| --- | --- |
| **Employee’s Profile (required)** | |
| 1. Will you be seeking a review this year?  Yes  No 2. When was your dossier last reviewed?   Less than 12 months ago  Between 1 and 3 years ago  Between 3 and 5 years ago   1. When was your last promotion?   Less than 5 years ago  Between 5 and 10 years ago  Over 10 years ago | |
| **Attestation (required)** | |
| Employee  I have had a discussion with my manager regarding my career progression.  Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: YYYY-MM-DD  Manager  I have had a discussion with the employee regarding their career progression.  Manager’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: YYYY-MM-DD | |
| **Employee’s Career Dossier** | |
| **Comments** | |
| Employee: | |
| Manager: | |

**Section I: Probation**

|  |
| --- |
| **Period of Probation (required)** |
| From: YYYY-MM-DD To: YYYY-MM-DD |
| **Developmental Program(if applicable)** |
|  |
| **Probation Completed (required)** |
| The probation period has been completed  The employee successfully completed the probation period.  Yes  No Date: YYYY-MM-DD |
| **Comments** |
| Manager: |
| Employee: |

## Appendix: Assigning an Overall Performance Rating

At year-end, managers [assess performance and determine ratings](http://intranet.canada.ca/hr-rh/ptm-grt/pm-gr/pmc-dgr/asses-eval-eng.asp). Following a conversation with each employee, they assign one rating for [work objectives](http://intranet.canada.ca/hr-rh/ptm-grt/pm-gr/pmc-dgr/wo-ot-eng.asp) and another for the [core competencies](http://intranet.canada.ca/hr-rh/ptm-grt/pm-gr/pmc-dgr/comp-eng.asp). They then document the rating in the [performance agreement](http://intranet.canada.ca/hr-rh/ptm-grt/pm-gr/pmc-dgr/pa-er-eng.asp).

The ratings for work objectives and core competencies combined generate an overall performance rating, based on the following grid. The overall rating appears in the box where the work objectives rating on the vertical axis meets the core competencies rating on the horizontal axis.

The [rating descriptions and examples for work objectives and core competencies](http://intranet.canada.ca/hr-rh/ptm-grt/pm-gr/pmc-dgr/rde-dce-eng.asp) will give managers and employees a better idea of what the ratings mean.

**Figure 1. Grid for Determining Overall Performance Rating**



1. . Second language evaluation. [↑](#footnote-ref-1)
2. . See required training courses available from the [Canada School of Public Service](https://idp.csps-efpc.gc.ca/idp/login-en.jsp). [↑](#footnote-ref-2)