

MICHIGAN STATE
UNIVERSITY

Performance Development Program II
A Supplemental Form for Commenting on Performance

Name: ~~XXXXXXXXXX~~PERNR:

Organizational Unit: Classification/Job Title:

Please describe the following, preferably in narrative form.

Job Strengths and Accomplishments/Results:

Growth, Learning and Development Goals/Expectations:

Additional Comments:

These topics have been discussed with the employee.

Employee's signature: _____ Date: / /

Supervisor's signature: _____ Date: / /

Type or print supervisor's name here: / /

Please return completed form to Human Resources, 120 Nisbet Building