

Public Service Performance Agreement

MOCK-UP FOR LPs

Privacy Notice

The information provided in this document is collected under the authority of section 12 of the *Financial Administration Act* (FAA) for the purpose of maintaining information regarding the level of performance of individual employees within federal government institutions and determining the level of performance of individual employees, including the identification of training and development needs.

This performance agreement fulfills the responsibility of the deputy head of (*name of department*) to establish an employee performance management program, including annual written performance assessments for all employees as set out in the [Directive on Performance Management](#), issued pursuant to sections 7 and 11.1 of the FAA. 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 shared with federal departments and agencies (listed in schedules I and IV of the FAA) for staffing and recruitment purposes, talent management and succession planning, and with the Treasury Board of Canada Secretariat for policy analysis, research and evaluation purposes.

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

[Instructions for Completing the Public Service Performance Agreement](#), designed to help employees and their managers/supervisors complete performance agreements, is accessible online.

Section A: Personal Information

Employee's information		Manager's/supervisor's information		
<ul style="list-style-type: none"> • PRI • Surname and given name • Position number [Optional] • Group and level • Province/territory • Department 		<ul style="list-style-type: none"> • PRI (drop-down menu includes Military Service No. and RCMP Member No.) • Surname and given name • Position number [Optional] • Group and level • Period supervised: Beginning: Y-M-D; End: Y-M-D 		
Is the employee on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No Period of probation: Beginning: Y-M-D; End: Y-M-D		Period of assessment: Beginning: Y-M-D; End: Y-M-D		
Action plan (if required; can be indicated as required at any point during the performance assessment period)				
The employee has an existing action plan (imported from previous cycle). <input type="checkbox"/> Yes <input type="checkbox"/> No				
The employee requires an action plan. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Talent management plan (if required; usually indicated at year-end assessment)				
The employee has an existing talent management plan (imported from previous cycle). <input type="checkbox"/> Yes <input type="checkbox"/> No				
The employee requires a talent management plan. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Learning and development plan				
The employee has a learning and development plan. <input type="checkbox"/> Yes, in Section D of this document <input type="checkbox"/> Yes, in a separate template If the employee does not have a learning and development plan, specify the reason: <input type="checkbox"/> Retirement within the year <input type="checkbox"/> Extended leave <input type="checkbox"/> Other (specify): _____				
[Optional] Employee's employment status				
<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Acting Beginning: Y-M-D End: Y-M-D	<input type="checkbox"/> Assignment/secondment Beginning: Y-M-D End: Y-M-D	<input type="checkbox"/> Term Beginning: Y-M-D End: Y-M-D	<input type="checkbox"/> Other (please specify): _____ Beginning: Y-M-D End: Y-M-D
Official languages				
[Optional] First official language <input type="checkbox"/> English <input type="checkbox"/> French				
[Optional] Linguistic profile of bilingual position (if applicable):		[Optional] The employee's SLE¹ results meet the requirement of his or her position:		[Optional] Expiry dates
Reading comprehension: _____		Reading comprehension: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reading comprehension: Y-M-D
Written expression: _____		Written expression: <input type="checkbox"/> Yes <input type="checkbox"/> No		Written expression: Y-M-D
Oral proficiency: _____		Oral proficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No		Oral proficiency: Y-M-D
Position requirements				
[Optional] Security clearance of the position: <input type="checkbox"/> Level I (Confidential) <input type="checkbox"/> Level II (Secret) <input type="checkbox"/> Level III (Top Secret) <input type="checkbox"/> Other: _____ The employee meets the security clearance of the position. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the employee have a valid security clearance for the entire performance assessment period? <input type="checkbox"/> Yes <input type="checkbox"/> No				
[Optional] The essential qualifications of the position require one or more valid occupational certifications . ² <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the occupational certification(s): _____ If yes, does the employee have the valid certification(s) for the entire performance assessment period? <input type="checkbox"/> Yes <input type="checkbox"/> No				
[Optional] The essential qualifications of the position require one or more valid professional standards . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the professional standard(s): _____ If yes, does the employee have the valid professional standard(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
[Optional] The position requires a valid delegated authority . ³ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the employee have a valid delegated authority for the entire performance assessment period? <input type="checkbox"/> Yes <input type="checkbox"/> No				
The position involves supervisory responsibilities, including the responsibility for evaluating employee performance . <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

1. Second language evaluation.

2. See "[Occupational Certification](#)" in the Treasury Board's *Qualification Standards*.

3. See [required training courses](#) available from the Canada School of Public Service.

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

There should be a maximum of six work objectives; however, three are recommended.

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	Performance Indicator or Standard		
	<i>Work objective 1</i>		<input type="checkbox"/> On track to meet expectations <input type="checkbox"/> Performance results to date indicate need for improvement <input type="checkbox"/> Work objective no longer required <input type="checkbox"/> N/A	Manager/supervisor:
	<i>Work objective 2</i>		<input type="checkbox"/> On track to meet expectations <input type="checkbox"/> Performance results to date indicate need for improvement <input type="checkbox"/> Work objective no longer required <input type="checkbox"/> N/A	Manager/supervisor:
	<i>Work objective 3</i>		<input type="checkbox"/> On track to meet expectations <input type="checkbox"/> Performance results to date indicate need for improvement <input type="checkbox"/> Work objective no longer required <input type="checkbox"/> N/A	Manager/supervisor:
Comments				
Manager/supervisor: Employee:				

Work Objectives Rating Descriptions and Assignment of Rating

<input type="checkbox"/> 1. Unable to assess Reason: _____	<input type="checkbox"/> 2. Unsatisfactory	<input type="checkbox"/> 3. Fully meets	<input type="checkbox"/> 4. Exceeds
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Section C: Competencies (Expected Behaviours)

	Competencies (expected behaviours)	Mid-Year Review	Year-End Assessment Competencies Demonstrated
Core	1. Demonstrating integrity and respect	<input type="checkbox"/> On track to meet expectations <input type="checkbox"/> Competencies demonstrated to date indicate need for improvement	Manager/supervisor:
	2. Thinking things through	<input type="checkbox"/> On track to meet expectations <input type="checkbox"/> Competencies demonstrated to date indicate need for improvement	Manager/supervisor:
	3. Working effectively with others (e.g. working relationships with others and team work)	<input type="checkbox"/> On track to meet expectations <input type="checkbox"/> Competencies demonstrated to date indicate need for improvement	Manager/supervisor:
	4. Showing initiative and being action-oriented (e.g. initiative)	<input type="checkbox"/> On track to meet expectations <input type="checkbox"/> Competencies demonstrated to date indicate need for improvement	Manager/supervisor:
Functional	[Optional] Determined by manager/supervisor or organization (if deemed necessary).		
Technical	[Optional] Determined by manager/supervisor or organization (if deemed necessary).		
Comments			
Manager/supervisor:			
Employee:			

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Core Competencies Rating Descriptions and Assignment of Rating

<input type="checkbox"/> 1. Unable to assess Reason: _____	<input type="checkbox"/> 2. Unsatisfactory	<input type="checkbox"/> 3. Fully meets	<input type="checkbox"/> 4. Exceeds
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Section D: Learning and Development Plan (organizations can choose to use their own learning and development plan template or the one below)

Category*	Learning Objective (competency or skill to be developed or related to position requirement)	Learning Activity	Investment		Type	Date Completed / In Progress
			Cost	Time		
<input type="checkbox"/> Job-specific (mandatory) <input type="checkbox"/> Job-specific (other) <input type="checkbox"/> Career development		Activity 1	\$	days	<input type="checkbox"/> On-the-job activities <input type="checkbox"/> Mentoring/coaching <input type="checkbox"/> Course <input type="checkbox"/> Developmental program <input type="checkbox"/> Other: _____	<input type="checkbox"/> Completed on Y-M-D <input type="checkbox"/> In progress
<input type="checkbox"/> Job-specific (mandatory) <input type="checkbox"/> Job-specific (other) <input type="checkbox"/> Career development		Activity 2	\$	days	<input type="checkbox"/> On-the-job activities <input type="checkbox"/> Mentoring/coaching <input type="checkbox"/> Course <input type="checkbox"/> Developmental program <input type="checkbox"/> Other: _____	<input type="checkbox"/> Completed on Y-M-D <input type="checkbox"/> In progress
<input type="checkbox"/> Job-specific (mandatory) <input type="checkbox"/> Job-specific (other) <input type="checkbox"/> Career development		Activity 3	\$	days	<input type="checkbox"/> On-the-job activities <input type="checkbox"/> Mentoring/coaching <input type="checkbox"/> Course <input type="checkbox"/> Developmental program <input type="checkbox"/> Other: _____	<input type="checkbox"/> Completed on Y-M-D <input type="checkbox"/> In progress
Comments:						
Manager/supervisor:						
Employee:						

***Category:**

- **Job-specific (mandatory):** Learning required to fulfill your current position requirements or mandatory learning/development required by your organization.
- **Job-specific (other):** Specialized learning that may support you in your current position.
- **Career development:** Learning that may support you in achieving your career development goals.

Section E: Signatures and Year-End (or End-of-Probation Period) Assessment

Beginning of the Assessment Period			
<p>Employee: My manager/supervisor 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. <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: This statement indicates that the process has taken place; it does not indicate agreement on the content.)</p> <p>[Optional] Employee: I have read the <i>Values and Ethics Code for the Public Sector</i>, the <i>Policy on Conflict of Interest and Post-Employment</i>, and our organizational code of conduct, and understand that I am required to comply with these terms and conditions of employment. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manager/supervisor: 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. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Employee's signature check box: <input type="checkbox"/> Date: Y-M-D Manager's/supervisor's signature check box: <input type="checkbox"/> Date: Y-M-D</p>			

Comments			
Manager/supervisor: Employee:			

Mid-Year Review			
<p>Employee: My manager/supervisor 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. <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: This statement indicates that the process has taken place; it does not indicate agreement on the content.)</p> <p>Manager/supervisor: 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. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Employee's signature check box: <input type="checkbox"/> Date: Y-M-D Manager's/supervisor's signature check box: <input type="checkbox"/> Date: Y-M-D</p>			

Comments			
Manager/supervisor: Employee:			

Year-End Assessment			
<input type="checkbox"/> 1. Unable to assess Reason: _____	<input type="checkbox"/> 2. Unsatisfactory	<input type="checkbox"/> 3. Fully meets	<input type="checkbox"/> 4. Exceeds

<p>Employee: My manager/supervisor and I have discussed the content of this performance agreement, including the assessment against the work objectives and the competencies (expected behaviours). <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: This statement indicates that the process has taken place; it does not indicate agreement on the content.)</p> <p>[Optional] Employee: This assessment, including all related discussions, was completed in my preferred official language in accordance with my language of work rights. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manager/supervisor: The employee and I have discussed the content of this performance agreement, including the assessment against the work objectives and the competencies (expected behaviours). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manager/supervisor: The employee requires an action plan for the next period. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Employee's signature check box: <input type="checkbox"/> Date: Y-M-D Manager's/supervisor's signature check box: <input type="checkbox"/> Date: Y-M-D</p>			
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Comments			
Manager/supervisor: Employee:			

Protected B when completed

For employees on probation (if applicable)
Manager/supervisor: The employee successfully completed the probation period. <input type="checkbox"/> Yes <input type="checkbox"/> No The employee probation period extends into the next performance assessment cycle. <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments
Manager/supervisor:
Employee:

Second reviewer, if required by your organization
Comments: Second reviewer's name: _____ Date: Y-M-D

Section F: Action Plan*

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	Deadline	Progress Review	Comments	Status at Deadline
						<input type="checkbox"/> On track to succeed <input type="checkbox"/> Results to date indicate the need for improvement <input type="checkbox"/> Work objective no longer required <input type="checkbox"/> N/A	Manager/supervisor: Employee:	<input type="checkbox"/> Succeeded <input type="checkbox"/> Did not succeed
						<input type="checkbox"/> On track to succeed <input type="checkbox"/> Results to date indicate the need for improvement <input type="checkbox"/> Work objective no longer required <input type="checkbox"/> N/A	Manager/supervisor: Employee:	<input type="checkbox"/> Succeeded <input type="checkbox"/> Did not succeed
						<input type="checkbox"/> On track to succeed <input type="checkbox"/> Results to date indicate the need for improvement <input type="checkbox"/> Work objective no longer required <input type="checkbox"/> N/A	Manager/supervisor: Employee:	<input type="checkbox"/> Succeeded <input type="checkbox"/> Did not succeed

*An action plan, if required, is triggered in Section A: Personal Information.

**Required actions include meetings between the employee and his or her manager/supervisor to discuss progress made.

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 action plan documents the work objective(s) and competency or competencies for which improvement is required to correct unsatisfactory performance. This action 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 withholding your next scheduled pay increment, demotion, or termination of employment.

Action plan time period: Beginning: Y-M-D End: Y-M-D

Acknowledgement that the discussion of the action plan has taken place on: Y-M-D

Employee's signature: _____ Employee's signature check box:

Manager's/supervisor's signature: _____ Manager's/supervisor's signature check box:

Section G: Talent Management Plan*

Talent Management Plan

*Establishment of a talent management plan is determined by the organization and manager/supervisor and is triggered in Section A: Personal Information.

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

Information to Support the Discussion on Career Progression