

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

<b>Section A: ID</b>	Name (LAST, First, M.I.)	Job Title	P.I.N.
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Reason for PMP	Start Date	End Date	Agency	Supervisor	Organizational Unit/Division	Job Code
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<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>	