

Presidential Management Fellows (PMF) Individual Development Plan (IDP)

PRIVACY ACT STATEMENT:

Authority: 5 CFR 362.405 requires all Presidential Management Fellows to maintain an Individual Development Plan during their two year appointment.

Purpose: The form is used to set forth the specific developmental activities designed to impart the competencies of the occupation or functional discipline in which a Fellow is likely to be placed. The form is designed to capture a Fellow's training and development over a two year period.

Routine Uses: The information will be used by the Fellow, his/her supervisor, and appropriate agency personnel to document and track the Fellow's training and development. In addition, the form is to be included in a Fellow's certification package when presented to the agency's Executive Resources Board, or equivalent, as part of the PMF Program's requirements for completion of the fellowship.

Disclosure: Use of this form and furnishing this information is optional; however, Fellows are required to prepare and maintain an Individual Development Plan. Failure to furnish this information may delay or prevent the completion of the fellowship, which may prevent continued employment or conversion to a term or permanent position. Agencies may use alternative formats.

INSTRUCTIONS FOR PREPARING THE PMF IDP:

This IDP form is based on the Pathways Programs regulations, specifically pertaining to the PMF Program. 5 CFR 362.405 requires that an agency must approve, within 45 days of a PMF's start date, an Individual Development Plan (IDP) for each of its Fellows that sets forth the specific developmental activities that are mutually agreed upon by each Fellow and his or her supervisor. The IDP must be developed in consultation with the Agency PMF Coordinator and/or the Mentor assigned to the Fellow. The agency's Executive Resources Board (ERB), or its equivalent, must certify whether Fellows have successfully completed the Program as outlined in 5 CFR 362.405. The ERB can establish its own procedures for conducting the review, but must consider whether: (1) the Fellow has met all of the requirements of the Program, as outlined in the Program regulations found at 5 CFR 362, (2) has demonstrated successful performance according to the individual's performance plan, and (3) has achieved the developmental expectations set forth in the IDP.

Both the Fellow and supervisor should review the IDP periodically and make adjustments as needed. The IDP should be consistent with the Fellow's Pathways Participant Agreement and Position Description. Appointing agency may have additional requirements; consult with the Agency PMF Coordinator for any details. A completed copy must be included in the ERB certification package. Attach additional sheets if necessary. Fellows may need to collect and save any certificates of completion, or equivalent, as proof of training. Use of this form is optional; agencies may use alternative formats.

PART I – Completed by Fellow. Self-explanatory.

PART II – Completed by Fellow and supervisor. Self-explanatory.

PART III – Completed by Fellow. Use this section to track the Fellow's training and learning activities during their two year fellowship. Requirements in 5 CFR 362.405(b) states each Fellow must acquire at least 80 hours of interactive training each year, for a total of 160 hours during fellowship. Activities should prepare and qualify the Fellow for the target position at the end of their fellowship. Copies of any certificates of completion, or equivalent, should be retained as proof of completion.

PART IV – Completed by Fellow and supervisor. Requirements in 5 CFR 362.405(b)(4) state each Fellow must receive at least one developmental assignment of 4 to 6 months in duration, with management and/or technical responsibilities, either within the Fellow's organization, agency or to another Federal Agency.

PART V – Completed by Fellow and supervisor. Fellows are encouraged to serve optional assignments and/or rotations during their fellowship. There are no PMF regulatory limits to the number of such activities during the fellowship.

PART VI – Review of IDP and collection of signatures. Completed IDP should be included in Fellow's ERB certification package for conversion.

PART I – TO BE COMPLETED BY PRESIDENTIAL MANAGEMENT FELLOW (FELLOW)

PMF's Name (Last, First, MI): _____ PMF Class Year: _____ Initial Plan Date (mm/dd/yyyy): _____

PMF's Entry On Duty (EOD) Start Date (mm/dd/yyyy): _____ PMF's Expected Date of Program Completion (mm/dd/yyyy): _____

Agency: _____ Sub-Agency/Office: _____ Work Phone Number (###-###-####): _____

Current Title/Series/Grade, or Equivalent (e.g., Program Analyst, GS-0343-09): _____ Work Email Address: _____

Supervisor's Name (Last, First): _____ Supervisor's Title: _____

Supervisor's Work Phone Number (###-###-####): _____ Supervisor's Work Email Address: _____

Mentor's Name (Last, First): _____ Mentor's Work Email Address: _____

Agency PMF Coordinator Name (Last, First): _____ Coordinator Work Email Address: _____

PART II – TARGET POSITION TO BE CONVERTED INTO AT THE END OF THE 2 YEAR FELLOWSHIP

Target Position Title/Series/Grade, or Equivalent (e.g., Program Analyst, GS-0343-13): _____

Brief description of target position:

Qualifications of target position:

Target competencies/learning objectives for target position (e.g., competencies, technical skills, goals):

PART III – TRAINING AND LEARNING ACTIVITIES (PMF Program requires at least 80 hours of formal interactive training each year of the fellowship)

First Year:

<i>Activity</i>	<i>Competencies and/or Learning Objectives</i>	<i>Source</i>	<i>Costs:</i>		<i>Training Hours</i>	<i>Dates (mm/dd/yyyy):</i>	
			<i>Tuition</i>	<i>Travel</i>		<i>Planned</i>	<i>Completed</i>
Totals:							

Second Year:

<i>Activity</i>	<i>Competencies and/or Learning Objectives</i>	<i>Source</i>	<i>Costs:</i>		<i>Training Hours</i>	<i>Dates (mm/dd/yyyy):</i>	
			<i>Tuition</i>	<i>Travel</i>		<i>Planned</i>	<i>Completed</i>
Totals:							

PART IV – DEVELOPMENTAL ASSIGNMENT

Developmental assignment beginning on (mm/dd/yyyy) _____, ending on (mm/dd/yyyy) _____, for a total of ____ months.

Agency: _____ Sub-Agency/Office: _____

Supervisor's Name on Assignment: _____ Supervisor's Title: _____

Supervisor's Work Email Address: _____ Supervisor's Work Phone
Number (###-###-####): _____

Specific skills, competencies, and/or goals that will be addressed during the developmental assignment include:

Specific projects that will be undertaken during the developmental assignment include:

PART V – OPTIONAL ROTATION(S)

Rotation beginning on (mm/dd/yyyy) _____, ending on (mm/dd/yyyy) _____, for a total of ____ month(s).

Agency/Sub-Agency/Office of Rotation: _____

Supervisor's Name (for Rotation): _____ Supervisor's Work
Email Address: _____

Specific skills, competencies, and/or goals that will be addressed include:

Specific projects that will be undertaken include:

PART VI – SIGNATURES

Typed Name of Fellow (Last, First, MI)

Signature of Fellow

Date (mm/dd/yyyy)

Typed Name of Supervisor (Last, First, MI)

Signature of Supervisor

Date (mm/dd/yyyy)

If Applicable:

Typed Name of Mentor

Signature of Mentor

Date (mm/dd/yyyy)

Typed Name of Agency PMF Coordinator

Signature of Agency PMF Coordinator

Date (mm/dd/yyyy)