

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

PRIVACY ACT STATEMENT:

Authority: 5 CFR 362.204 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 non-competitive permanent position. Agencies may use alternative formats.

INSTRUCTIONS FOR PREPARING THE PMF IDP:

Fellows and their supervisors must use IDPs to determine expectations for attaining clearly defined learning objectives and competencies during their fellowship. The agency's Executive Resources Board (ERB), or its equivalent, must certify whether Fellows have successfully completed the Program as outlined in 5 CFR 362.204. 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. Appointing agency may have additional requirements; consult with the Agency PMF Coordinator for any details. A completed copy must be included in the certification package. Attach additional sheets if necessary. Use of this form is optional; agencies may utilize alternative formats. Agencies may refer to the *PMF Guide for Agencies* on the PMF website (www.pmf.opm.gov) for additional information on the ERB process.

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 362.204(b) state each Fellow must acquire 80 hours of 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.

PART IV – Completed by Fellow and supervisor. Requirements in 5 CFR 362.204(b)(4) state each Fellow must receive at least one developmental assignment of 4 to 6 months in duration in the occupation or functional discipline in which the Fellow will most likely be placed. It is strongly recommended the assignment be outside the Fellow's immediate office.

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 fellowship.

PART VI – Review of IDP and collection of signatures.

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, MI): _____ Supervisor's Title: _____

Supervisor's Work Phone Number (###-###-####): _____ Supervisor's 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., Executive Core Qualifications (ECQs), technical skills, goals):

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

First Year:

Activity	Competencies, Executive Core Qualifications (ECQs), and/or Learning Objectives	Source	Costs:		Training Hours	Dates (mm/dd/yyyy):	
			Tuition	Travel		Planned	Completed

Totals:

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Second Year:

Activity	Competencies, Executive Core Qualifications (ECQs), and/or Learning Objectives	Source	Costs:		Training Hours	Dates (mm/dd/yyyy):	
			Tuition	Travel		Planned	Completed

Totals:

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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 Executive Core Qualifications (ECQs) that will be addressed during the developmental assignment include:

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

PART V – OPTIONAL ASSIGNMENT(S) AND/OR ROTATION(S)

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

Agency/Sub-Agency/Office of Assignment/Rotation: _____

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

Specific skills, competencies, and/or Executive Core Qualifications (ECQs) 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)

Typed Name of Agency PMF Coordinator (optional)

Signature of Agency PMF Coordinator

Date (mm/dd/yyyy)