**PEP Statistical Data Collection Form**

**For Management, Skilled, Professional Service, and**

**Special Appointment Employees**

**(Please print or type)**

***Employee’s Name: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 **Last First MI**

***W#:*   *Inc. Month: January July***

 **(required)** ***FY 2022***

***MDH Agency:***

***Mid Cycle Rating: 3 (outstanding) 2 (satisfactory) 1 (unsatisfactory)***

***End Cycle Rating: 3 (outstanding) 2 (satisfactory) 1 (unsatisfactory)***

**Person Completing Form: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ \_\_\_\_\_\_\_\_**

 **Please Print Name**

**Please forward form to your local Human Resources Department**