**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 20***

***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**

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