Modèle Opcalia – 10/2014

>> Insérer en entête le logo de votre entreprise

Entretien professionnel

**Etat des lieux récapitulatif du parcours du salarié**

### Salarié

Nom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Date de naissance : \_ \_ /\_ \_ / \_ \_ \_ \_

Date d’entrée dans l’entreprise : \_ \_ /\_ \_ / \_ \_ \_ \_

Intitulé du poste actuel occupé : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Date de prise du poste actuel occupé : \_ \_ /\_ \_ / \_ \_ \_ \_

Classification : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Service : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Responsable hiérarchique : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Nature du contrat de travail : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Durée du travail : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

### Période considérée : du \_ \_ /\_ \_ / \_ \_ \_ \_ au \_ \_ / \_ \_ / \_ \_

### Entretiens professionnels réalisés sur la période considérée :

|  |  |  |
| --- | --- | --- |
| Date et nature des entretiens | Personne en charge de l’entretien | Commentaires |
|  |  |  |
|  |  |  |
|  |  |  |

…

### Formations suivies sur la période considérée :

|  |  |  |
| --- | --- | --- |
| Intitulé | Date de début | Date de fin |
|  |  |  |
|  |  |  |
|  |  |  |

…

### Certifications acquises ou éléments de certifications acquis sur la période considérée :

|  |  |  |
| --- | --- | --- |
| Intitulé | Modalités (VAE, Formation...) | Date d’obtention |
|  |  |  |
|  |  |  |
|  |  |  |

…

### Evolution professionnelle et salariale sur la période considérée :

|  |  |  |  |
| --- | --- | --- | --- |
| Intitulé du(es) poste(s) occupé(s) | Date de début et de fin | CSP | Coefficient |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

…

|  |  |  |
| --- | --- | --- |
|  | Montant brut annuel | Durée du travail (Temps partiel / Temps plein) |
| Salaire au 31/12/n-6  |  |  |
| Salaire au 31/12/n-1 |  |  |  |
| Evolution en % |  |  |

### Conclusion

Au regard des éléments issus du présent état des lieux, le salarié a bénéficié sur la période considérée d’au moins deux des trois mesures suivantes (cocher les cases correspondantes) :

□ suivi au moins une action de formation

□ acquis des éléments de certification par la formation ou par une Validation des Acquis de l’Expérience (VAE)

□ bénéficié d’une évolution salariale ou professionnelle

Fait le \_ \_ / \_ \_ / \_ \_ \_ \_ à \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

En double exemplaire, dont un est remis au (à la) salarié(e).

Signature de la personne chargée de l’entretien