**Modèles Opcalia – mise à jour 2019**

Entretien professionnel :

Grille d’entretien professionnel

***Note :***

***L’entretien professionnel est consacré aux perspectives d’évolution professionnelle du salarié, notamment en termes de qualification et d’emploi. Il ne doit pas porter sur l’évaluation du travail du salarié.***

***Cet entretien comporte également des informations relatives à la validation des acquis de l'expérience, à l'activation par le salarié de son compte personnel de formation, aux abondements de ce compte que l'employeur est susceptible de financer et au conseil en évolution professionnelle.***

*Cet entretien professionnel donne lieu à la rédaction d'un document dont une copie est remise au salarié.*

*Source : article L6315-1 du code du travail*

***Ce modèle de grille d’entretien est donné à titre d’exemple*** *:*

*Insérer le logo de l’entreprise*

## Personne chargée de l’entretien :

Nom, prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Poste occupé : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

## Salarié :

Nom, prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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

Poste actuel occupé : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ *(intitulé/date de prise de poste)*

Classification (voir Convention collective) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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

## Informations transmises par l’employeur

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

* Le salarié a été informé sur la validation des acquis de l'expérience. Précisez : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Le salarié a été informé sur l'activation de son compte personnel de formation. Précisez : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Le salarié a été informé sur les modalités d’abondements de ce compte personnel de formation. Précisez : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Le salarié a été informé sur le conseil en évolution professionnelle.

Précisez : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

# Bilan de la période écoulée depuis le dernier entretien professionnel

**Date du dernier entretien professionnel :** *\_ \_ (si non réalisé, préciser motif)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Typologies** | **Intitulé** | **Dispositif mobilisé** | **Durée/date d’obtention** | **Néant** (préciser motif) |
| **Formation(s)** |  |  |  |  |
| **Certification(s) acquise(s) ou élément(s) de certification acquis par la formation ou une VAE** |  |  |  |  |
| **Autre(s) action(s) menée(s) (ex : CEP) ou compétence(s)****acquise(s)** |  |  |  |  |

# Activité du salarié

## Missions et compétences mobilisées :

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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## Faits marquants depuis le dernier entretien :

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## Intérêts/motivations :

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# Perspectives d'évolution professionnelle du salarié

## Projet d’évolution professionnelle :

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## Atouts / freins :

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## Action(s) / moyen(s) envisagé(s) dans le cadre de ce projet :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Typologies** | **Intitulé** | **Dispositif mobilisé** | **Date prévisionnelle** | **Modalités** (hors tempsde travail/sur temps de travail, financières...) |
| **Actions de formation** |  |  |  |  |
| **Actions aboutissant à une certification ou éléments de****certification (formation ou VAE)** |  |  |  |  |
| **Autres actions** (CEP, bilan de compétences, mobilité interne, période de mise en situation professionnelle, aide à la création/reprised’entreprise…) |  |  |  |  |

**Conclusion**

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\_ \_ \_ \_ \_ \_ \_ (commentaires, récapitulatif des échanges et des modalités de mise en œuvre)

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

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

Signature de la personne chargée de l’entretien