

EMPLOYEE WORK PROFILE

WORK DESCRIPTION/PERFORMANCE PLAN

Parts I, II, III, and IV are written or reviewed by the supervisor and discussed with the employee at the beginning of the evaluation cycle.

PART I – Position Identification Information

| | |
|--|--|
| 1. Position Number: | 2. Agency Name & Code; Division/Department: |
| 3. Work Location Code: | 4. Occupational Family & Career Group: |
| 5. Role Title & Code: | 6. Pay Band: |
| 7. Work Title: | 8. SOC Title & Code: |
| 9. Level Indicator: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Manager Employees Supervised: Does employee supervise 2 or more employees (FTEs)? <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. FLSA Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt Exemption/Partial Exemption Test (if applicable): |
| 11. Supervisor's Position Number: | 12. Supervisor's Role Title & Code: |
| 13. EEO Code: | 14. Effective Date: |

PART II – Work Description & Performance Plan

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|---|
| 15. Organizational Objective: |
| 16. Purpose of Position: |
| 17. KSA's and or Competencies required to successfully perform the work (attach Competency Model, if applicable): |
| 18. Education, Experience, Licensure, Certification required for entry into position: |

| % Time | 19. Core Responsibilities | 20. Measures for Core Responsibilities |
|--------|--|--|
| % | A. Performance Management (for employees who supervise others) | <p><u>Examples of Measures for Performance Management:</u></p> <ul style="list-style-type: none"> • Expectations are clear, well communicated, and relate to the goals and objectives of the department or unit; • Staff receive frequent, constructive feedback, including interim evaluations as appropriate; • Staff have the necessary knowledge, skills, and abilities to accomplish goals; • The requirements of the performance planning and evaluation system are met and evaluations are completed by established deadlines with proper documentation; • Performance issues are addressed and documented as they occur. • Safety issues are reviewed and communicated to assure a safe and healthy workplace and a reduction in work related absences. |
| % | B. | |
| % | C. | |
| % | D. | |
| % | E. | |
| % | F. | |

 100%

| 21. Special Assignments | 22. Measures for Special Assignments |
|--|--------------------------------------|
| G. May be required to perform other duties as assigned. May be required to assist the agency or state government generally in the event of an emergency declaration by the Governor. | |
| H. | |
| I. | |

Optional

| 23. Agency/Departmental Objectives | 24. Measures for Agency/Departmental Objectives |
|------------------------------------|---|
| J. | |
| K. | |
| L. | |
| M. | |

ADDENDUM – ORGANIZATIONAL CHART

This page is printed separate from the remainder of the Work Description/Performance Plan because it contains confidential employee information.

| |
|---|
| PART III – Employee Development Plan |
|---|

| |
|------------------------------------|
| 25. Personal Learning Goals |
|------------------------------------|

| |
|--|
| 26. Learning Steps/Resource Needs |
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|--|
| Part IV - Review of Work Description/Performance Plan |
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| | | |
|---------------------------------|-------------|-------|
| 27. Employee's Comments: | Signature: | Date: |
| | Print Name: | |

| | | |
|-----------------------------------|-------------|-------|
| 28. Supervisor's Comments: | Signature: | Date: |
| | Print Name: | |

| | | |
|---------------------------------|-------------|-------|
| 29. Reviewer's Comments: | Signature: | Date: |
| | Print Name: | |

EMPLOYEE WORK PROFILE

PERFORMANCE EVALUATION

Parts V, VI, VII, VIII, and IX are written or reviewed by the supervisor and discussed with the employee at the end of the evaluation cycle.

The following pages are printed separate from the remainder of the EWP because they contain confidential employee information.

| PART V – Employee/Position Identification Information | |
|---|--|
| 30. Position Number: | 31. Agency Name & Code; Division/Department: |
| 32. Employee Name: | 33. Employee ID Number: |

| PART VI – Performance Evaluation | |
|--|---|
| 34. Core Responsibilities - Rating Earned | 35. Core Responsibilities - Comments on Results Achieved |
| A. <input type="checkbox"/> Extraordinary Contributor <input type="checkbox"/> Contributor <input type="checkbox"/> Below Contributor | |
| B. <input type="checkbox"/> Extraordinary Contributor <input type="checkbox"/> Contributor <input type="checkbox"/> Below Contributor | |
| C. <input type="checkbox"/> Extraordinary Contributor <input type="checkbox"/> Contributor <input type="checkbox"/> Below Contributor | |
| D. <input type="checkbox"/> Extraordinary Contributor <input type="checkbox"/> Contributor <input type="checkbox"/> Below Contributor | |
| E. <input type="checkbox"/> Extraordinary Contributor <input type="checkbox"/> Contributor <input type="checkbox"/> Below Contributor | |
| F. <input type="checkbox"/> Extraordinary Contributor <input type="checkbox"/> Contributor <input type="checkbox"/> Below Contributor | |
| 36. Special Assignments - Rating Earned | 37. Special Assignments - Comments on Results Achieved |
| G. <input type="checkbox"/> Extraordinary Contributor <input type="checkbox"/> Contributor <input type="checkbox"/> Below Contributor | |

| | |
|--|--|
| H. <input type="checkbox"/> Extraordinary Contributor <input type="checkbox"/> Contributor <input type="checkbox"/> Below Contributor | |
|--|--|

| 38. Agency/Department Objectives - Rating Earned | 39. Agency/Department Objectives - Comments on Results Achieved |
|--|---|
| I. <input type="checkbox"/> Extraordinary Contributor <input type="checkbox"/> Contributor <input type="checkbox"/> Below Contributor | |
| J. <input type="checkbox"/> Extraordinary Contributor <input type="checkbox"/> Contributor <input type="checkbox"/> Below Contributor | |
| K. <input type="checkbox"/> Extraordinary Contributor <input type="checkbox"/> Contributor <input type="checkbox"/> Below Contributor | |
| L. <input type="checkbox"/> Extraordinary Contributor <input type="checkbox"/> Contributor <input type="checkbox"/> Below Contributor | |

40. Other significant results for the performance cycle:

Part VII - Employee Development Results**41. Year-end Learning Accomplishments:****Part VIII - Overall Results Assessment and Rating Earned**

An employee receiving an overall rating of "Below Contributor" must have received at least one Notice of Improvement Needed/Substandard Performance form during the performance cycle.

An employee who earns an overall rating of "Below Contributor" must be reviewed again within three months.

An employee receiving an overall rating of "Extraordinary Contributor" must have received at least one Acknowledgment of Extraordinary Contribution form during the performance cycle. However, the receipt of an Acknowledgment of Extraordinary Contribution form does not guarantee an overall performance rating of "Extraordinary Contributor" for that performance cycle.

42. Overall Rating Earned

- Extraordinary Contributor
- Contributor
- Below Contributor

| Part IX - Review of Performance Evaluation | | |
|---|-------------------------------|-------|
| 43. Supervisor's Comments: | Signature: Print Name: | Date: |
| 44. Reviewer's Comments: | Signature: Print Name: | Date: |
| 45. Employee's Comments: | Signature: Print Name: | Date: |

**Part X – Physical Demands/Cognitive Requirement
(Agencies may develop their own worksheet)**

Essential Job Requirements (Indicate by each E = Essential, M = marginal, or N/A)

Physical Demands and Activities:

| | | | |
|-----------------------------------|----------------|-------------------------|----------------|
| _____ Light lifting <20 lbs. | Standing _____ | Sitting _____ | Bending _____ |
| _____ Moderate lifting 20-50 lbs. | Lifting _____ | Walking _____ | Climbing _____ |
| _____ Heavy lifting >50 lbs. | Reaching _____ | Repetitive motion _____ | |
| _____ Pushing/pulling | Other _____ | | |

Emotional Demands:

| | |
|------------------------------------|--|
| _____ Fast pace _____ Avg. pace | |
| _____ Multiple priorities | |
| _____ Intense customer interaction | |
| _____ Multiple stimuli | |
| _____ Frequent change | |

Mental/Sensory Demands:

| | | |
|---------------|-----------------------------|---------------|
| Memory _____ | Reasoning _____ | Hearing _____ |
| Reading _____ | Analyzing _____ | Logic _____ |
| | Verbal communication _____ | |
| | Written communication _____ | |
| Other _____ | | |

Employee Work Profile – Agency Optional Section

Annual Requirements:

| Activity | Current? If so, date completed? | | |
|--|---|-----------------------------|------------------------------|
| Required In-Service or other training | <input type="checkbox"/> Yes _____ Date | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Valid Licensure/Certification/Registration | <input type="checkbox"/> Yes _____ Date | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Employee Health Update | <input type="checkbox"/> Yes _____ Date | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Confidentiality Statement:

I acknowledge and understand that I may have access to confidential information regarding [employees, students, patients, inmates, the public]. In addition, I acknowledge and understand that I may have access to proprietary or other confidential information business information belonging to [Agency]. Therefore, except as required by law, I agree that I will not:

- Access data that is unrelated to my job duties at [Agency];
- Disclose to any other person, or allow any other person access to, any information related to [Agency] that is proprietary or confidential and/or pertains to [employees, students, patients, inmates, the public]. Disclosure of information includes, but is not limited to, verbal discussions, FAX transmissions, electronic mail messages, voice mail communication, written documentation, "loaning" computer access codes, and/or another transmission or sharing of data.

I understand that [Agency] and its [employees, students, patients, inmates, public], staff or others may suffer irreparable harm by disclosure of proprietary or confidential information and that [Agency] may seek legal remedies available to it should such disclosure occur. Further, I understand that violations of this agreement may result in disciplinary action, up to and including, my termination of employment.

Employee Signature

Date