

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

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>Examples of Measures for Performance Management:</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.
%	B.	
%	C.	
%	D.	
%	E.	
%	F.	

100%

21. Special Assignments	22. Measures for Special Assignments
G.	
H.	

Optional

23. Agency/Departmental Objectives	24. Measures for Agency/Departmental Objectives
I.	
J.	
K.	
L.	

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	

Part IV - Review of Work Description/Performance Plan		
27. Employee's Comments:	Signature: Print Name:	Date:
28. Supervisor's Comments:	Signature: Print Name:	Date:
29. Reviewer's Comments:	Signature: Print Name:	Date:

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	
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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:

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AGENCY OPTIONAL SECTIONS

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

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

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

Physical Demands and Activities:

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

Emotional Demands:

<input type="checkbox"/> Fast pace _____ Avg. pace _____
<input type="checkbox"/> Multiple priorities
<input type="checkbox"/> Intense customer interaction
<input type="checkbox"/> Multiple stimuli
<input type="checkbox"/> Frequent change

Mental/Sensory Demands:

<input type="checkbox"/> Memory _____	<input type="checkbox"/> Reasoning _____	<input type="checkbox"/> Hearing _____
<input type="checkbox"/> Reading _____	<input type="checkbox"/> Analyzing _____	<input type="checkbox"/> Logic _____
	<input type="checkbox"/> Verbal communication _____	
	<input type="checkbox"/> Written communication _____	
<input type="checkbox"/> Other _____		