

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: Employee Supervisor Manager Employees Supervised: Does employee supervise 2 or more employees (FTEs)? Yes No	10. FLSA Status: Exempt 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><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.	

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. Extraordinary Contributor Contributor Below Contributor	
B. Extraordinary Contributor Contributor Below Contributor	
C. Extraordinary Contributor Contributor Below Contributor	
D. Extraordinary Contributor Contributor Below Contributor	
E. Extraordinary Contributor Contributor Below Contributor	
F. Extraordinary Contributor Contributor Below Contributor	
36. Special Assignments - Rating Earned	37. Special Assignments - Comments on Results Achieved
G. Extraordinary Contributor Contributor Below Contributor	

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:	Date:
	Print Name:	
44. Reviewer's Comments:	Signature:	Date:
	Print Name:	
45. Employee's Comments:	Signature:	Date:
	Print Name:	

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

Essential Job Requirements (Indicate by each E = Essential, M = Marginal, (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

Mental/Sensory Demands

_____ Fast pace _____ Avg. pace	Memory _____ Reasoning _____	Hearing _____
_____ Multiple priorities	Reading _____ Analyzing _____	Logic _____
_____ Intense customer interaction	Verbal communication _____	
_____ Multiple stimuli	Written communication _____	
_____ Frequent change	Other _____	

Employee Work Profile – Agency Optional Section

Annual Requirements:

Activity	Current? If so, date completed?		
Required In-Service or other training	Yes _____	Date _____	No N/A
Valid Licensure/Certification/Registration	Yes _____	Date _____	No N/A
Employee Health Update	Yes _____	Date _____	No 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