



# EMPLOYEE WORK PROFILE AND PERFORMANCE APPRAISAL REPORT

State Form 52403 (R2 / 6-11)

Name of Employee	Employee Identification Number / Last Four (4) Digits of SSN
Agency / Division	Business Unit
Class Title / Class Code	Review Period From _____ to _____

### Type of Evaluation

- Annual Appraisal
- Employee is moving to a new supervisor or a new job classification (*Send a copy to the new Supervisor*).
- Employee is going on leave of absence anticipated to last more than thirty (30) calendar days.
- Other: \_\_\_\_\_

### PURPOSE OF ORGANIZATION AND POSITION

Organizational Vision, Mission and/or Objectives:

Purpose of Position (*How does this position fit into the Organization/Division/Facility? What does this position contribute to the Organization/Division/Facility objectives?*):

## A. COMPETENCIES

*Instructions: Form can be completed electronically by tabbing through and using the space bar to check or uncheck boxes when they are highlighted or clicked with the mouse. Employees must be evaluated on the three (3) required Competencies and the additional agency-determined discretionary Competencies.*

**1. Job Knowledge – Possesses adequate knowledge, skills and experience to perform the duties of the job; understands the purpose of the work unit and how position contributes to the overall mission of the agency; maintains competency in essential areas.**

Rating	Behaviors during the review period which support the rating
<input type="checkbox"/> Meets	
<input type="checkbox"/> Exceeds	
<input type="checkbox"/> Does Not Meet	

**2. Teamwork – Encourages and facilitates cooperation, pride, trust and group identity; fosters commitment and team spirit; works cooperatively with others to achieve goals.**

Rating	Behaviors during the review period which support the rating
<input type="checkbox"/> Meets	
<input type="checkbox"/> Exceeds	
<input type="checkbox"/> Does Not Meet	

**3. Customer Service – Demonstrates knowledge of internal and external customers; is sensitive to customer needs and expectations; anticipates needs and responds promptly and willingly to provide information, services and/or products as needed.**

Rating	Behaviors during the review period which support the rating
<input type="checkbox"/> Meets	
<input type="checkbox"/> Exceeds	
<input type="checkbox"/> Does Not Meet	

**4.**

Rating	Behaviors during the review period which support the rating
<input type="checkbox"/> Meets	
<input type="checkbox"/> Exceeds	
<input type="checkbox"/> Does Not Meet	

5.

Rating	Behaviors during the review period which support the rating
<input type="checkbox"/> Meets	
<input type="checkbox"/> Exceeds	
<input type="checkbox"/> Does Not Meet	

6.

Rating	Behaviors during the review period which support the rating
<input type="checkbox"/> Meets	
<input type="checkbox"/> Exceeds	
<input type="checkbox"/> Does Not Meet	

7.

Rating	Behaviors during the review period which support the rating
<input type="checkbox"/> Meets	
<input type="checkbox"/> Exceeds	
<input type="checkbox"/> Does Not Meet	

8.

Rating	Behaviors during the review period which support the rating
<input type="checkbox"/> Meets	
<input type="checkbox"/> Exceeds	
<input type="checkbox"/> Does Not Meet	

**NOTE:** Failure to meet expectations for any Competency may result in employee being placed on a Work Improvement Plan or separation, and may result in employee receiving an Overall Performance Rating of "Does Not Meet Expectations" or "Needs Improvement."

## B. PERFORMANCE EXPECTATIONS/GOALS

Expectation/Results <i>(Rank in Order of Importance)</i>	Rating
Performance Expectation #1: ..... Results:	<input type="checkbox"/> Meets <input type="checkbox"/> Exceeds <input type="checkbox"/> Does Not Meet
Performance Expectation #2: ..... Results:	<input type="checkbox"/> Meets <input type="checkbox"/> Exceeds <input type="checkbox"/> Does Not Meet
Performance Expectation #3: ..... Results:	<input type="checkbox"/> Meets <input type="checkbox"/> Exceeds <input type="checkbox"/> Does Not Meet
Performance Expectation #4: ..... Results:	<input type="checkbox"/> Meets <input type="checkbox"/> Exceeds <input type="checkbox"/> Does Not Meet
Performance Expectation #5: ..... Results:	<input type="checkbox"/> Meets <input type="checkbox"/> Exceeds <input type="checkbox"/> Does Not Meet
Performance Expectation #6: ..... Results:	<input type="checkbox"/> Meets <input type="checkbox"/> Exceeds <input type="checkbox"/> Does Not Meet

**NOTE:** Failure to meet expectations for any goal or objective may result in employee being placed on a Work Improvement Plan or separation, and may result in employee receiving an Overall Performance Rating of "Does Not Meet Expectations" or "Needs Improvement."

OVERALL PERFORMANCE RATING		
<input type="checkbox"/>	<b>Outstanding</b>	<b>Consistently exceeds expectations on all evaluation factors</b>
<input type="checkbox"/>	<b>Exceeds Expectations</b>	<b>Overall high performance; frequently exceeds expectations on many factors</b>
<input type="checkbox"/>	<b>Meets Expectations</b>	<b>Consistently meets the requirements of the job in all aspects</b>
<input type="checkbox"/>	<b>Needs Improvement</b>	<b>Sometimes acceptable, but not consistent; needs improvement to meet expectations</b>
<input type="checkbox"/>	<b>Does Not Meet Expectations</b>	<b>Does not meet the minimum standards of performance</b>

Is a Work Improvement Plan (WIP) generated as a result of this appraisal?  Yes  No  
 If so, please attach the WIP and ensure that the WIP pertains to the specific competency(s) and/or expectation(s) for which a Does Not Meet rating was given.

Is an Employee Development Plan generated as a result of this appraisal?  Yes  No

<b>C – EMPLOYEE DEVELOPMENT PLAN</b>	
Education, Experience, Licensure, Certification suggested for career enhancement:	
Personal Learning Goals:	
Developmental Objectives <i>(Knowledge/Skills/Abilities Needed to Reach Goals)</i>	Developmental Training/Assignments <i>(On-the-Job Training/Details)</i>

**If this form is being used as communication of the Work Profile, not a Performance Appraisal, please sign on the appropriate line below**

Signature of Employee	Date <i>(month, day, year)</i>
Signature of Supervisor	Date <i>(month, day, year)</i>

**If this form is being used as a Performance Appraisal, please sign on the appropriate line below.**

I hereby certify that this report constitutes an accurate evaluation using my best judgment of the service performed by this employee for the review period covered.			
Signature of Evaluator	Signature of Reviewer	Signature of Appointing Authority	Date <i>(month, day, year)</i>

I hereby certify that I have had an opportunity to review this report and understand that I am to receive a copy. I am aware that my signature does not necessarily mean I agree with the rating.	
Signature of Employee	Date <i>(month, day, year)</i>