**State of Iowa Individual Performance Plan and Evaluation – Part 1 – Employee, Position, and Agency Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |       |  | **Department:** |       |
| **Class Title:**  |       |  | **Division/Bureau:** |       |
| **Position Number:** |       |  | **Work Unit:** |       |
| **Period Covered:** |       | **to** |       |  | **Work Location:** |       |
| **P****urpose:** | [ ]  | **Annual Review** | [ ]  | **Probationary Review** | **Time in Current Position:** |       |
|  | [ ]  | **Other:** |       |  |
|  |  |  |  |
| **Administration Goals/Vision for Iowa:**  | 1. Rebuilding our Communities2. Student-Focused from PreK-123. Building a Strong, Competitive Iowa4. Building an Affordable, Reliable, and Sustainable EnergySystem for Iowa | 5. Ensuring Excellent Healthcare for All Iowans6. Saving Iowans Money7. A Solid Foundation for Iowa Families |
| **Agency Strategic Plan Goal(s):** |       |
| **Agency Mission Statement:** |       |
| **Job Contributes to the Mission by:** |       |
|  |
| **Work Performed/Core Responsibilities—activities, services provided and/or products produced by this position (or attach copy of PDQ):**      |
|  |
| **The Performance Plan for this period has been discussed by the employee and the supervisor.** |
|  |  |  |       |  |  |  |       |  |
| Employee Signature | Date | Supervisor Signature | Date |
| Next Higher Management Level Signature: |  | Date: |       |  |

**State of Iowa Individual Performance Plan and Evaluation – Part 2 – Alignment with the Agency Performance Plan**

|  |
| --- |
| **STRATEGIES FOR THIS RATING PERIOD** |
| EXPECTATIONS AND EVALUATION |
| Individual Performance Strategy**(Goal)** | Action Steps | Performance Criteria | Timetable |
| 1.
 |       |       |       |
| **RESULTS:**      **[ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Does Not Meet Expectations** |
|  |
| Individual Performance Strategy**(Goal)** | Action Steps | Performance Criteria | Timetable |
| 1.
 |       |       |       |
| **RESULTS:**      **[ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Does Not Meet Expectations** |
|  |
| Individual Performance Strategy**(Goal)** | Action Steps | Performance Criteria | Timetable |
| 1.
 |       |       |       |
| **RESULTS:**      **[ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Does Not Meet Expectations** |
|  |
| Individual Performance Strategy**(Goal)** | Action Steps | Performance Criteria | Timetable |
| 1.
 |       |       |       |
| **RESULTS:**      **[ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Does Not Meet Expectations** |

**State of Iowa Individual Performance Plan and Evaluation – Part 3 – Achievements, Strengths, and Overall Rating**

|  |  |
| --- | --- |
| **Supervisor’s Comments:** | **Employee’s Comments:** |
| Achievements and Strengths:      | My noteworthy achievements:      |
| Additional comments:      | Additional comments:      |
| Development Plans:      | Support I need to improve my performance:      |
| Exceeds Expectations: The employee consistently performs well beyond expectations (strategies/goals, action steps, performance criteria, and timetables) and does outstanding work.Meets Expectations: Performance consistently fulfills the job requirements and expectations (strategies/goals, action steps, performance criteria, and timetables). The employee is doing the job expected for employees in this classification.Does Not Meet Expectations: Performance does not consistently meet expectations (strategies/goals, action steps, performance criteria, and timetables). |
|  |
| **Overall Rating:** | [ ]  **Exceeds Expectations** | [ ]  **Meets Expectations** | [ ]  **Does Not Meet Expectations** |
| I have received a copy of this performance evaluation and it has been discussed with me. I understand that my signature does not necessarily indicate agreement. |
| Employee Signature: |  |  | Date: |       |  |
| Supervisor Signature: |  |  | Date: |       |  |
| Next Higher Level Management Signature: |  |  | Date: |       |  |
| Recommended Actions: Salary Increase [ ]  Yes [ ]  No |  |
| [ ]  Permanent Status [ ]  Other (specify): |       |  |
|  |