**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 Communities  2. Student-Focused from PreK-12  3. Building a Strong, Competitive Iowa  4. Building an Affordable, Reliable, and Sustainable Energy System for Iowa | | | | | | | | | | | | | | | | 5. Ensuring Excellent Healthcare for All Iowans  6. Saving Iowans Money  7. 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 |
|  |  |  |  |
| **RESULTS:**  **Exceeds Expectations  Meets Expectations  Does Not Meet Expectations** | | | |
|  | | | |
| Individual Performance Strategy **(Goal)** | Action Steps | Performance Criteria | Timetable |
|  |  |  |  |
| **RESULTS:**  **Exceeds Expectations  Meets Expectations  Does Not Meet Expectations** | | | |
|  | | | |
| Individual Performance Strategy **(Goal)** | Action Steps | Performance Criteria | Timetable |
|  |  |  |  |
| **RESULTS:**  **Exceeds Expectations  Meets Expectations  Does Not Meet Expectations** | | | |
|  | | | |
| Individual Performance Strategy **(Goal)** | Action Steps | Performance Criteria | Timetable |
|  |  |  |  |
| **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): | | | | |  | | | | | |  |
|  | | | | | | | | | | | |