

Position Description reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Description updated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Performance period: From: To:	
Purpose of plan and review: <input type="checkbox"/> Annual <input type="checkbox"/> Trial Service <input type="checkbox"/> Probationary <input type="checkbox"/> Transitional <input type="checkbox"/> Other (specify):	

Employee and position information

Last name:	First name:	Middle name (optional):	Employee number:
Positions class title:	Working title:	Position number:	
Employer (business area):	Division (organizational unit):	Evaluator's name:	

Position Linkage with Organizational Mission and Strategic Goals

What is the Department's mission and how do the duties and responsibilities of this position link or contribute to the achievement of the mission, goals, and objectives of the Department?

The mission of the Department is to improve public safety by positively changing lives. The Department's goals are the desired results of our work - Improve lives, keep people safe, engage and respect employees, and achieve organizational excellence. This position contributes to the goals of the Department by:
Provide brief summary

Performance Expectations and Evaluation

Based on the position's major responsibilities, outline the performance results and demonstration of core values expected of the employee during this performance period. Limit the list to those that are key. At the end of the performance period, an evaluation of the established expectations will be completed.

Technical Skills Expectations

Replace the examples shown below with expectations and conduct an evaluation on the employee's performance related to assigned job responsibilities.

1. **Work Products:** Professional knowledge, proficiency and practical application of skills. Quality of work is complete, accurate, neat, well organized, thorough, and timely. Quantity of work meets standards for the position.
2. **Safety and Security:** Safety and security of employees, contract staff, volunteers, incarcerated individuals, visitors, and guests through establishing and following Department practices and processes. Identify, report, and eliminate safety and security hazards and concerns.
3. **Policy Compliance:** Follows all policies, procedures, guidelines, expectations, and position description responsibilities. Keeps abreast of all policy updates and seeks clarification when needed.
4. **Taking Action Independently:** Shows initiative to understand and contributes toward Department goals. Is accountable, a team player, uses judgement and problem solving skills, and is dependable and trustworthy. Responds to instructions and seeks clarification when needed.
5. **Job Classification Specific:** Timely intakes, all searches, timely response to correspondence

Measures

Identify with the employee specific measurable core technical skills to focus on for the evaluation period. Refer to the Division Fundamentals Map and the Position Description.

Measure Replace examples below with applicable measures	Target	Actual			
		Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Completion of timely health services encounters to include patient evaluation within X timeframe	90%	78%	92%		
Completion of timely intakes to include communicating and connecting with individuals under supervision within X timeframe of release					
Reduce the number of pounds of food waste each week					
Increase customer service response by returning phone calls and emails within 48 hours of receipt					

Improvement Needed
 Meets Expectations
 Exceeds Expectations

Comments:

Other expectations related to job duties:

Expectations of the Department's Core Values

Include an overall statement about the employee's expectations and evaluation related to job performance and behavior related to the agency's core values, and identifying improvement targets.

Supporting People's Success: We are committed to our community - understanding individuals, instilling hope, embracing change, and providing opportunities.

Improvement Needed
 Meets Expectations
 Exceeds Expectations

Comments:

Respectful and Inclusive Interactions: We appreciate and value individuals by promoting an inclusive and diverse environment, which encourages safety. We respect, value, and listen to the thoughts, feelings, and perspectives of our stakeholders and consider the impact on those we serve as well as each other.

Improvement Needed
 Meets Expectations
 Exceeds Expectations

Comments:

People's Safety: We believe in creating an environment that values physical, mental, and emotional security and well-being. We honor those who advance safety for all.

Improvement Needed
 Meets Expectations
 Exceeds Expectations

Comments:

Cultivate an Environment of Integrity and Trust: We value partnership and trust. We foster openness and support courageous conversations. We are committed to doing what we say we are going to do by being accountable and taking personal ownership in our actions.

Improvement Needed
 Meets Expectations
 Exceeds Expectations

Comments:

Positivity in Words and Actions: We assume positive intentions and believe there is a shared desire for the best outcome. We consistently demonstrate positive behavior and always put forth our best effort.

Improvement Needed
 Meets Expectations
 Exceeds Expectations

Comments:

Training & Development Needs/Opportunities

What training and development needs and opportunities should the employee focus on during this performance period?

Organizational Support

This section is optional for the employee to complete at the beginning of the performance period.

What suggestions do you have as to how your supervisor, co-workers, and/or agency management can better support you in your present job and future career goals?

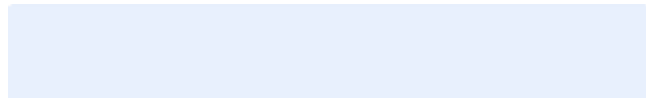
To be completed only by employee. If employee opts out, type "Employee opted out" in this space

Acknowledgement Of Expectations

This section is signed at the beginning of the performance period to acknowledge that the supervisor and employee have discussed the performance expectations, training, and development needs listed.

Evaluator's Signature

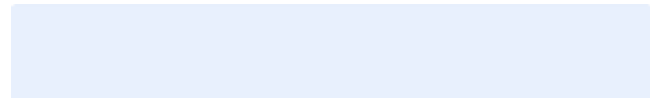
(Click on icon to insert electronic signature)



Date: Click to enter date

Employee's Signature

(Click on icon to insert electronic signature)



Date: Click to enter date

For employees that do not have an electronic signature

I understand that by typing my name in the signature box below that I am agreeing I have discussed performance expectations with the employee. I understand that my typed name has the same effect as if I had signed in the signature box.

Enter full name here Date: Click to enter date

I understand that by typing my name in the signature box below that I am agreeing I have read and understand my performance expectations. I understand that my typed name has the same effect as if I had signed in the signature box.

Enter full name here Date: Click to enter date

Acknowledgement Of Evaluation

This section is signed at the end of the performance period to acknowledge that the supervisor and employee have discussed the performance evaluation, training, and development needs outlined at the beginning of the performance period.

This report is based on my best judgement

Evaluator's Signature

(Click on icon to insert electronic signature)

Date: Click to enter date

This report has been discussed with me

Employee's Signature

(Click on icon to insert electronic signature)

Date: Click to enter date

Comments:

For employees that do not have an electronic signature

I understand that by typing my name in the signature box below that I am agreeing I have discussed this performance evaluation with the employee. I understand that my typed name has the same effect as if I had signed in the signature box.

Enter full name here Date: Click to enter date

I understand that by typing my name in the signature box below that I am agreeing I have read and understand my performance evaluation. I understand that my typed name has the same effect as if I had signed in the signature box.

Enter full name here Date: Click to enter date

Appointing Authority Review

This section is signed at the end of the performance period to acknowledge that the process has been followed properly and comments may be offered concerning the employee's performance.

Reviewer's Signature

(Click on icon to insert electronic signature)

Date: Click to enter date

Comments:

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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