

Department of Health and Human Services Work Plan



Division/Institution		Section/Unit	
Employee's Name:		Position:	
Supervisor's Name:		Position:	
Appraisal is for period of:	to	Date of Performance Planning Discussion:	
Date of Interim Review Discussion:		Date of Performance Appraisal Discussion:	

Provide photocopies of signed form to Employee, Manager, and the Personnel Office

Performance Management Work Plan

Employee's Signature	Date	Supervisor's Signature	Date	Manager's Signature	Date	Combined KRR Rating ____
Key Responsibilities/ Results	Result Expectations	Tracking Source/ Frequency	Actual Results	Rating	Comments	

Performance Management Work Plan

Dimensions	Behavioral Expectations	Tracking Source/ Frequency	Actual Results	Rating	Comments

Employee's Signature _____ Date _____ Supervisor's Signature _____ Date _____ Manager's Signature _____ Date _____ Combined Dimensions Rating _____

Improvement Plan <input type="checkbox"/> Development Plan <input type="checkbox"/>			Interim Review <input type="checkbox"/> Mid-cycle <input type="checkbox"/> Special <input type="checkbox"/>		
A. Knowledge, Skills and Abilities:			Strengths/Weaknesses:		
B. Training and Education:					
Supervisor's Responsibilities:			Employee's Responsibilities:		
Supervisor's Comments:			Employee's Comments:		
Employee's Signature	Supervisor's Signature	Manager's Signature	Employee's Signature:	Supervisor's Signature	Manager's Signature
Date	Date	Date	Date	Date	Date

Overall Performance Summary

Rating: _____

Please summarize employee's overall job performance based on information for each expectation:

Supervisor's Comments:

Employee's Comments:

Performance Pay Dispute Process: An employee may dispute the fairness of an annual overall summary rating of less than Outstanding by filing a complaint on DHHS Form PRD-1, which must be received by the division/institution personnel manager within 15 calendar days from the date the employee receives his/her copy of the work plan and overall summary rating. Performance reviews other than the annual review are not appealable under the DHHS Performance Rating Dispute Process. Copies of the Dispute Process (DHHS Directive Number III-9) and DHHS Form PRD-1 are available from all DHHS Human Resources offices.

Employee's Signature:

Supervisor's Signature:

Manager's Signature

Date

Date

Date