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| **SUSTAINED HIGH PERFORMANCE QUESTIONNAIRE**

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| **Employee:** | **Class Title:** |
| **Position Number:** | **Class Code:** |
|  |  |
| **Supervisor:** | **Supervisory Title:** |

**Please submit this questionnaire with the completed Compensation Request form. All applicable sections need to be completed.** |
| [ ]  **Yes** [ ]  **No –** Has the employee sustained minimally for three consecutive annual review (calendar) years scores/reviews that exceed and differentiate them from their peers. *(Please submit scores for at least the last 3 years)*

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| **Names**  | **Position #**  | **Class Title** | **Class Code** |
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*Please list those individuals that are identified as peers of this employee within the same classification and/or team.* |

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| Document objectively each of the below contributing factors *(submit any supporting documentation)* |
| Innovation | Click or tap here to enter text. |
| Initiative | Click or tap here to enter text. |
| Distinguishing Contributions | Click or tap here to enter text. |
| Differentiation from Peers *(within same classification and/or team)* | Click or tap here to enter text. |
| Excellence in Execution *(SMART Goals, Projects/Deliverables)* | Click or tap here to enter text. |
| Models the Core Values of the State of Nebraska | Click or tap here to enter text. |