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| **Employee Information** | | | | | | | |
| Dept/Office/Section/Unit: | | |  | Employee Personnel #: | | |  |
| Employee Name: | |  | | Performance Year: | |  | |
| Employee Title: |  | | | Evaluation Period: |  | | |

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| **Initial Planning Session** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Step #1 - Evaluating Supervisor (SCS Rule 10.2):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personnel #: | |  | | | | | | | | | | Date Given to Second Level Evaluator: | | | | | | | | | |  | | | | | | |
| **Step #2 - Second Level Evaluator (SCS Rule 10.3):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personnel #: | |  | | | | | | | | | | Date Approved *(Must be on or before planning session):* | | | | | | | | | | | | | |  | | |
| **Step #3 - Employee:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Signature: | | |  | | | | | | | | | | | | | | | Date: | | | | |  | | | | | |
| *By signing and dating this form, I am certifying that my evaluating supervisor conducted a planning session with me on the date shown.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Updated Planning Sessions (Optional):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Conducted: | | | | | |  | | Supervisor Initial: | | | | |  | | | Employee Initial: | | | | | | | | | |  | | |
| Date Conducted: | | | | | |  | | Supervisor Initial: | | | | |  | | | Employee Initial: | | | | | | | | | |  | | |
| Date Conducted: | | | | | |  | | Supervisor Initial: | | | | |  | | | Employee Initial: | | | | | | | | | |  | | |
| **Agency Human Resources Office Use Only (Optional)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Planning Received in Human Resources: | | |  | | Human Resources Staff Initial: | | |  | Evaluating Supervisor Compliance (Y/N) | | | | |  | | | | | Second Level Evaluator Compliance (Y/N) | | | | | | |  | |
| **Evaluation Session** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Step #1 - Evaluating Supervisor (SCS Rule 10.2):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personnel #: | |  | | | | | | | | | | Date Given to Second Level Evaluator: | | | | | | | | | |  | | | | | | |
| **Step #2 - Second Level Evaluator (SCS Rule 10.3):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personnel #: | |  | | | | | | | | | | Date Approved *(Must be on or before evaluation session):* | | | | | | | | | | | | | |  | | |
| **Step #3 - Employee:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Signature: | | |  | | | | | | | | | | | | | | | Date: | | | | |  | | | | | |
| *By signing and dating this form, I am certifying that my evaluating supervisor conducted an evaluation session with me on the date shown.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Employee Statement (Only if Employee is NOT Signing Form for purposes of Evaluation):*** *I have decided not to sign this form, but I acknowledge that I received a copy of the evaluation and understand that my failure to sign will not prohibit the evaluation from becoming official for the performance year.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***If employee did not sign above, or chose not to sign the form, please indicate whether the employee was given or mailed a copy of the evaluation below:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailed | | | | | | ☐ | | | | | | | Given | | | ☐ | | | | | | | | | | | | |
| **Overall Evaluation:**  (Select only one evaluation) | | | | | Exceptional | | | | | | Successful | | | | | | | | Needs Improvement/Unsuccessful | | | | | | | | | |
| Not Evaluated | | | | | | | Unrated - If Unrated, select sub-category: | | | | | | | *Never Rendered* | | |  | | | | *Untimely* | | |  | *Violation of Chapter 10* | | |  |

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| **Agency Human Resources Office Use Only (Optional)** | | | | | | | |
| Date Evaluation Received in Human Resources: |  | Human Resources Staff Initial: |  | Evaluating Supervisor Compliance (Y/N) |  | Second Level Evaluator Compliance (Y/N) |  |

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| **Employee Name:** |  | **Employee Personnel #:** |  |
| Agency Mission / Goals / Standards:  The Division of Administration strives to create a more cost effective state government through greater efficiency and increased productivity. | | | |
| Department Mission / Goals: | | | |
|  | |  | |
| **Work and Behavior Expectations (at least one each):** | | [Bank of Expectations](http://www.civilservice.louisiana.gov/Divisions/EmployeeRelations/Expectations.aspx) | |
| Project a positive image of DOA through courteous, professional, and effective service to our clients and the public we serve.  Promote transparency in our operations by complying with all applicable laws, regulations, rules, policies, and procedures.  2 additional work tasks, one additional work behavior, relating to Section mission and goals.  Applicable to Supervisors only:  Use good communication, documentation, observation, and assessment skills to fairly plan and accurately evaluate the performance of each employee supervised, following all applicable Civil Service Chapter 10 Rules. | | | |
| ***Documentation / Comments*** | | | |