

Louisiana Department of Health Performance Evaluation System– Mid-Year Review Form

Dept/Office/Sect/Unit: _____

Employee Name: _____ Employee ID#: _____

Employee Position Title: _____ PES Year: _____

Rating Items/Discussions
Check all rating items discussed and include comments on any specific areas that are noteworthy or need improvement.

Tasks and Responsibilities		Comments
1. Big Bets	<input checked="" type="checkbox"/>	
2. Business Management	<input checked="" type="checkbox"/>	
3. People Development	<input checked="" type="checkbox"/>	
4. Health Outcomes	<input checked="" type="checkbox"/>	

Rating Supervisor's Statement:
I have personally discussed the information shown above with this employee during the Mid-Year Performance Review Session.

Signature X	Date
Print Name	Supervisor ID #
Position Title	