

**Employee Information**

Dept/Office/Section/Unit: _____	Employee Personnel #: _____
Employee Name: _____	Performance Year: _____
Employee Title: _____	Evaluation Period: _____

**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 <i>(Must be on or before planning session):</i> _____	

**Step #3 - Employee:**

Employee Signature: _____		Date: _____	
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*By signing and dating this form, I am certifying that my 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) _____	
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## 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:	
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*By signing and dating this form, I am certifying that my 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	<input type="checkbox"/>	Given	<input type="checkbox"/>
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### 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

### 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 #:	
<p>Agency Mission / Goals / Standards:</p> <p>To respond to the health needs of Louisiana's citizens by developing, implementing and enforcing administrative and programmatic policy with respect to eligibility, licensure, reimbursement and monitoring of health care services, in compliance with federal and state laws and regulations.</p>			
<p>Department Mission / Goals:</p> <p>To protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana.</p>			

Employee Name:		Employee Personnel #:	
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Work and Behavior Expectations (at least one each):	<a href="#">Bank of Expectations</a>
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**Big Bets:**

Employee Name:

Employee Personnel #:

**Business Management:**

Employee Name:

Employee Personnel #:

**People Development:**

Employee Name:

Employee Personnel #:

FOR SUPERVISORS AND ABOVE ONLY

**Performance Management:**

Completes PES' within prescribed deadlines. Creates and maintains supporting documentation. Develops performance expectations that are justifiably job related, measurable, and attainable. Evaluates performance objectively. Available to discuss performance with subordinates as necessary. Addresses poor performance or areas for improvement more often than at the annual performance review. Ensures office priorities are accurately and adequately addressed in employee's PES'.

Employee Name:		Employee Personnel #:	
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**Equity, Diversity and Inclusion (EDI):** Engages in personal and professional development on issues related to EDI.

Measured by: [Choose from EDI Competencies Bank](#)

Employee Name:

Employee Personnel #:

**Health Equity (HE):** Demonstrate understanding of LDH’s definitions of health equity, health disparities, and social determinants of health.  
Measured by: [Choose from Health Equity Competencies Bank](#)

Employee Name:		Employee Personnel #:	
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**Improving Health Outcomes:**

Employee Name:

Employee Personnel #:

Documentation / Comments ( attach supporting documentation):