

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 #:	
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Agency Mission / Goals / Standards:
To provide leadership and technical support services while maximizing resources to fulfill the Department's mission.

Department Mission / Goals:
To protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana.

Work and Behavior Expectations (at least one each):	Bank of Expectations
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Big Bets:

Business Management:

People Development:

Employee Name:		Employee Personnel #:	
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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'.

Improving Health Outcomes:

Documentation / Comments (attach supporting documentation):