



PLANNING FORM

Dept/Office/Section/Unit: _____	Employee Personnel #: _____
Employee Name: _____	Performance Year: 7/1/2024 – 12/31/2024
Employee Title: _____	Evaluation Period: _____

Planning Session

<input type="checkbox"/>	Using 7/1/23-6/30/24 Planning (No further action required below)	<input type="checkbox"/>	New Planning by Rule
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Evaluating Supervisor:

Signature:	_____		
Personnel #:	_____	Date Given to Second Level Evaluator:	_____

Second Level Evaluator:

Signature	_____		
Personnel #:	_____	Date Approved (Must be on or before planning session):	_____

Employee:

Employee Signature:	_____	Date:	_____
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By signing and dating this form, I am certifying that my evaluating supervisor conducted a planning session with me on the date shown.

Agency Human Resources Office Use Only (Optional)

Date Planning Received in HR:	_____	HR Staff Initial:	_____	Evaluating Supervisor Compliance (Y/N)	_____	Second Level Evaluator Compliance (Y/N)	_____
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SCS Chapter 18 Transition Forms – Performance Evaluation System
to Continuous Performance Management

Employee Name:		Employee Personnel #:	
<u>Agency Mission / Goals / Standards:</u>			
<u>Department Mission / Goals:</u>			

<u>Work and Behavior Expectations (at least one each):</u>	Continue on Page 4, if necessary Bank of Expectations

<u>Documentation / Comments</u>	Continue on Page 5, if necessary

EVALUATION FORM

Dept/Office/Section/Unit:	Employee Personnel #:
Employee Name:	Performance Year: 7/1/2024 – 12/31/2024
Employee Title:	Evaluation Period:

Evaluation Rating

<input type="checkbox"/>	<u>SUCCESSFUL</u>	<input type="checkbox"/>	<u>NEEDS IMPROVEMENT/UNSUCCESSFUL</u> The Evaluating Supervisor shall provide documentation to support a transition period rating of “Needs Improvement/Unsuccessful” per SCS Rule 18.15.
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Evaluating Supervisor:

Signature:			
Personnel #:		Date Given to Second Level Evaluator (if applicable):	

Second Level Evaluator: *Only required when rating “Needs Improvement / Unsuccessful”*

Signature			
Personnel #:		Date Approved:	

Employee:

Employee Signature:		Date:	
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By signing and dating this form, I am certifying that my evaluating supervisor conducted an evaluation session with me on the date shown.

Agency Human Resources Office Use Only

Date Evaluation Received in HR:		HR Staff Initial:		Evaluating Supervisor Compliance (Y/N)		Second Level Evaluator Compliance (Y/N)	
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Agency Human Resources Options Only

<input type="checkbox"/> <u>UNRATED</u> Transition period performance ratings not rendered by December 31, 2024, shall be considered untimely and result in a rating of “Unrated.”	<input type="checkbox"/> <u>NOT EVALUATED</u> Classified employees appointed on or after December 1, 2024, shall be rated as “Not Evaluated.”
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Work Behaviors and Expectations (Continued):

Documentation/Comments (Continued):