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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) |  |

| Employee Name: |  | Employee Personnel #: |  |
| --- | --- | --- | --- |
| **Agency Mission / Goals / Standards:**  The mission of the Office of the Lieutenant Governor (OLG) and Department of Culture, Recreation and Tourism (DCRT) is to preserve and enhance Louisiana’s unique heritage and natural landscape; provide cultural, informational, and recreational resources; and promote the use of the resources by our diverse citizens and visitors. | | | |
| **Department Mission / Goals:**  The mission of the Office of the Secretary (OS) is to establish, direct and facilitate the achievement of the Department’s collective goals and operating standards. | | | |
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| Work and Behavior Expectations (at least one each): | | [Bank of Expectations](https://apps01.civilservice.louisiana.gov/asp/referenceandreporting/pesbankofexpectations.aspx) | |
| 1. Work Expectations   Complies with all requirements relative to the Performance Evaluation System (PES) and OLG/DCRT’s PPM #10. Recognizes when to make a decision independently and when to consult your supervisor or other staff. Keeps staff informed of all laws, procedures or programs pertinent to operations; quickly institutes appropriate changes to procedure forms, work flow, etc., mandated by higher authority. Consistently and evenly enforces all rules, regulations and standards relative to employee performance and behavior. Maintains the confidentiality of human resources and/or other sensitive information.     1. Behavior Expectations   Complies with all aspects of PPM #42, Attendance and Leave Policy, including but not limited to accurately recording work/leave hours on time sheet; consistently reporting to work on time; and requesting and receiving approval for leave and overtime in advance. Independently follows through on your assigned tasks to completion and reports results to your supervisor without undue oversight; immediately notifies supervisor when problems arise. Is receptive to the ideas, suggestions, and constructive feedback of your supervisor and others. Maintains good working relationships and a spirit of teamwork in your interactions with agency personnel. Willingly accepts new assignments, special projects and changes in procedures. Expresses any concerns to your supervisor in a respectful and calm manner. Provides effective, courteous, and timely service to both internal and external clients. Effectively conveys information verbally and in writing. Utilizes correct spelling, punctuation, and proper grammar for all written communications; proofreads such correspondence so as to prevent avoidable errors. Responds to questions with accurate, concise, and relevant information. Maintains a courteous and professional demeanor in all communications. | | | |
| **Documentation / Comments:**   1. Documentation/Comments related to Work | | | |
| 1. Documentation/Comments related to Behavior | | | |