

SCS Chapter 18 Transition Forms - Performance Evaluation System

to Continuous Performance Management

Form Revision Date: 06/2024

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Planning Session** | | | | | | | | | | | | | | | | | | |
|  | | Using 7/1/23-6/30/24 Planning (No further action required below) | | | | | | | |  | | New Planning by Rule | | | | | | |
| **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: | |  | | | |
| *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) | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | **Employee Personnel #:** |  |
| Agency Mission / Goals / Standards: | | | |
| Department Mission / Goals: | | | |
|  | |  | |
| **Work and Behavior Expectations (at least one each):** | | [Bank of Expectations](https://apps01.civilservice.louisiana.gov/referenceandreporting/pesbankofexpectations.aspx) | |
|  | | | |
| ***Documentation / Comments*** | | | |

A picture containing icon

Description automatically generatedSCS Chapter 18 Transition Forms – Performance Evaluation System

to Continuous Performance Management

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EVALUATION FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dept/Office/Section/Unit: | | | | | | | | |  | | | | | | | Employee Personnel #: | | | | | | | |  | | |
| Employee Name: | | | | | |  | | | | | | | | | | Performance Year: | | | 7/1/2024 – 12/31/2024 | | | | | | | |
| Employee Title: | | | |  | | | | | | | | | | | | Evaluation Period: | | | | | | |  | | | |
|  | | | |  | | | | | | | | | | | |  | | | | | | |  | | | |
| **Evaluation Rating** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | SUCCESSFUL | | | | | | | |  | | NEEDS IMPROVEMENT/UNSUCCESSFUL  The Evaluating Supervisor shall provide documentation to support a transition period rating of “Needs Improvement/Unsuccessful” per SCS Rule 18.15. | | | | | | | | | | | | | | |
| **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: |  | | | | |
| *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) | | | | | |  |
| **Agency Human Resources Options Only** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | UNRATED  Transition period performance ratings not rendered by December 31, 2024, shall be considered untimely and result in a rating of “Unrated.” | | | | | | | | | | | | | |  | | NOT EVALUATED  Classified employees appointed on or after December 1, 2024, shall be rated as “Not Evaluated.” | | | | | | | | | |