

SCS Chapter 18 Transition Forms - Performance Evaluation System

to Continuous Performance Management

Form Revision Date: 06/2024

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

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| **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) |       |

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

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| **EVALUATION FORM** |
| Dept/Office/Section/Unit:  |       | Employee Personnel #:  |       |
| Employee Name:  |       | Performance Year:  | 7/1/2024 – 12/31/2024 |
| Employee Title:  |       | Evaluation Period: |       |
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| **Evaluation Rating** |
| [ ]  | SUCCESSFUL | [ ]  | NEEDS IMPROVEMENT/UNSUCCESSFULThe 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 EVALUATEDClassified employees appointed on or after December 1, 2024, shall be rated as “Not Evaluated.” |