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| **STEP 1: PERFORMANCE EVALUATION – REQUEST FOR AGENCY REVIEW** |

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| **EMPLOYEE INFORMATION (P*ermanent Employees Only)*** | | | | | |
| **Dept/Office/Section/Unit:** | | | **Date Submitted to HR:** | |  |
| **Employee Name:** | | | **Personnel #:** | |  |
| **Home Address:** | | | | | |
| **Employee Title:** | | | **Performance Year:** | | 7/1/\_\_\_\_\_\_ - 6/30/\_\_\_\_\_\_ |
| **PES Rating Received:** | **☐** | ***Needs Improvement/Unsuccessful*** | **☐** | ***Unrated*** | |

*C.S. Rule 10.11 (a) A permanent employee who receives an overall performance evaluation of “Unrated” or “Needs Improvement/Unsuccessful” may request an official review of that evaluation by an Agency Reviewer(s).*

*C.S. Rule 10.11 (d) A request for review must be submitted in writing and be post-marked or received in the employing agency’s HR office no later than September 15th following the evaluation year.*

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| **Explain why you disagree with the rating given to you by your supervisor and attach supporting documents (if applicable).** | | | | | | | | |
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| *All supporting documents must be attached to this form at the time you submit your request.* | | | | | | | | |
| **HUMAN RESOURCES USE ONLY** | | | | | | | | |
| **Confirm Employee’s Rating:** | **☐** | **Needs improvement/Unsuccessful** | | **☐** | **Unrated** | **☐** | **The Request was not received or postmarked by September 15th and is not compliant according to C.S. Rule 10.11(d). *(Sign/Date provide employee copy and file, no further action required)*** | |
| **Date Received in Human Resources:** | | |  | | |
| ***If all elements of Step 1 are complete and in accordance with Chapter 10,***  ***Sign/Date/provide email address, then move to Step 2 on the next page.*** | | | | | |  | |  |
| **Human Resources Officer Signature** | | **Date** |
| **HR Officer’s email Address:** | | |

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Performance Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Step 3: Performance Evaluation – state civil service director Review** | | | | | | | |
| *C.S. Rule 10.12 (a) ONLY those employees who receive an overall evaluation of Needs Improvement/Unsuccessful following an Agency Review may request a Director’s Review*  *C.S. Rule 10.12 (b) A request for review under this rule must be postmarked or received by the Director no later than 10 days following the date the employee received the Agency Reviewer(s) decision*  *C.S. Rule 10.12 (c) C.S. Director may either affirm the overall evaluation or change to Unrated*  **MAIL ONLY THIS FORM: LA Dept. of State Civil Service, P.O. Box 94111, Capitol Station, Baton Rouge, LA 70804**  **State Civil Service will request the Employee’s PES file after receiving this request by the employee.** | | | | | | | |
| **Explain why you disagree with the Agency Reviewer(s) Decision (Required)**  ***(If more space is needed attach ONLY your reasoning for requesting a review)*** | | | | | | | |
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| **CIVIL SERVICE USE ONLY** | | | | | | | |
| **☐** | Employee was given copy of Decision by Agency Reviewer(s) | | | | | **Date** |  |
| **☐** | Received employee’s request for Director’s Review | | | | | **Date** |  |
| **☐** | Requested employee’s PES file from Agency’s HR | | | | | **Date** |  |
| **☐** | Received employee’s PES file from Agency’s HR | | | | | **Date** |  |
| **DIRECTOR’S DECISION**  **\**A decision by Civil Service is considered final and cannot be challenged*** | | | | | | | |
| **\*FINAL DECISION rendered by**  **Director** | | **☐** | **Overturn rating to Unrated** | **☐** | **Uphold rating rendered by Agency Reviewer(s)** | | |
| **☐** | **Request was not received in accordance with C.S. Rule 10.12 (b).** |  | | | |
| **Director/Designee Signature Date** | | | |

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| **Step 2: Performance Evaluation – Agency Review** | | | | | | | | | | | | | | |
| **HUMAN RESOURCES USE ONLY** | | | | | | | | | | | | | | |
| **Required steps for submission to Agency Reviewer(s)** | | | | | | | | | | | | | | |
| **☐** | Employee’s Request for Review with supporting document, if applicable | | | | | | | | | **☐** | Employee’s current PES form with required documentation, if applicable | | | |
| *I certify that all elements required in*  *State Civil Service Chapter 10 are present:* | | | | | | | | | |  | | | | |
| Date submitted to Agency Reviewer(s) | | | | |  | | | | **Human Resources Officer’s Signature** | | | | |
| **AGENCY REVIEWER(S) USE ONLY**  *C.S. Rule 10.11 (f) The Agency Reviewer(s) shall give the employee, the Evaluating Supervisor, and the HR office written notice for the results of their review. The notification shall be provided no later than OCTOBER 15th.* | | | | | | | | | | | | | | |
| **Interviewed/Discussed with Employee & Evaluating Supervisor (Required but not at the same time)**  ***\*Additional documentation can be requested by the Reviewer(s)*** | | | | | | | | | | | | | | |
| **Evaluating Supervisor Initial** | | |  | | |  | **Employee Initial** | | | | |  |  | |
| **Date** | **Date** | |
| **Notes (attach if needed):** | | | | | | | | | | | | | | |
| **AGENCY REVIEWER(S) DECISION**  *10.11 (c) The Official Overall Evaluation may only be changed by the Agency Reviewer(s)* | | | | | | | | | | | | | | |
| **☐** | | **OVERTURNED** | | | | | | **☐** | | | **AFFIRM** | | | |
| **☐** | | **Unrated** | | | | | |  | | | | | | |
| **☐** | | **Needs Improvement/ Unsuccessful** | | | | | |
| **☐** | | **Successful** | | | | | |
| **☐** | | **Exceptional** | | | | | |
| **☐** | | **Given** | |  | | | |
| **☐** | | **Mailed** | | **DATE of Notification to Employee** | | | | **Agency Reviewer(s) Signature** | | | | | | |