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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Information** | | | | | | | |
| Dept/Office/Section/Unit: | | |  | Employee Personnel #: | | |  |
| Employee Name: | |  | | Performance Year: | | 7/1/2020 - 6/30/2021 | |
| Employee Title: |  | | | Evaluation Period: | 7/1/2020 - 6/30/2021 | | |

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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) |  |

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| **Employee Name:** |  | **Employee Personnel #:** |  |
| Agency Mission / Goals / Standards:  The mission of Southeastern Louisiana University is to lead the educational, economic and cultural development of Southeast Louisiana. | | | |
| Department Mission / Goals: | | | |
|  | |  | |
| **Work and Behavior Expectations (at least one each):** | | [Bank of Expectations](https://apps01.civilservice.louisiana.gov/asp/referenceandreporting/pesbankofexpectations.aspx) | |
| **1-COMPLIANCE** - Obeys all rules, regulations, policies and procedures pertaining to any aspects of your duties, including participating in required training programs;  **2-CUSTOMER SERVICE** - Provides exemplary, ethical and cooperative customer service to all faculty, staff, students and visitors to campus;  **3-COMMUNICATION** - ;  **4-DEPENDABILITY** - ;  **5-INITIATIVE** - ;  **6-INTERPERSONAL** - ;  **7-PROFESSIONALISM** - ;  **8-WORK PRODUCT** - | | | |
| ***Documentation / Comments*** | | | |