

Employee Information

Dept/Office/Section/Unit: _____	Employee Personnel #: _____
Employee Name: _____	Performance Year: _____
Employee Title: _____	Evaluation Period: _____

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 <i>(Must be on or before planning session):</i> _____		

Step #3 - Employee:

Employee Signature: _____	Date: _____		
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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) _____
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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 <i>(Must be on or before evaluation session)</i> :	

Step #3 - Employee:

Employee Signature:		Date:	
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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	<input type="checkbox"/>	Given	<input type="checkbox"/>
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Overall Evaluation: (Select only one evaluation)	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Successful	<input type="checkbox"/> Needs Improvement/Unsuccessful
	<input type="checkbox"/> Not Evaluated	<input type="checkbox"/> Unrated - If Unrated, select sub-category:	<input type="checkbox"/> Never Rendered <input type="checkbox"/> Untimely <input type="checkbox"/> Violation of Chapter 10

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 #:	
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Agency Mission / Goals / Standards:

Department Mission / Goals:

<u>Work and Behavior Expectations (at least one each):</u>	Bank of Expectations
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Documentation / Comments