

**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: _____ |  |  |
|---------------------------|-------------|--|--|

*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 <i>(Must be on or before evaluation session)</i> : |  |

### 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 | <input type="checkbox"/> | Given | <input type="checkbox"/> |
|--------|--------------------------|-------|--------------------------|

|   |  |   |  |
|---|--|---|--|
| <b>Overall Evaluation:</b><br><small>(Select only one evaluation)</small> | <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) |  |
|--|--|--------------------------------|--|--|--|---|--|

|                       |  |                              |  |
|-----------------------|--|------------------------------|--|
| <b>Employee Name:</b> |  | <b>Employee Personnel #:</b> |  |
|-----------------------|--|------------------------------|--|

Agency Mission / Goals / Standards:

Department Mission / Goals:

|   |                                      |
|---|--------------------------------------|
| <b><u>Work and Behavior Expectations (at least one each):</u></b> | <a href="#">Bank of Expectations</a> |
|---|--------------------------------------|

Documentation / Comments