

**LSU HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LOUISIANA**

**POLICY NUMBER:** 4561-24

**CATEGORY:** Human Resources

**CONTENT:** Performance Evaluation System (PES) for **Unclassified** Employees

**APPLICABILITY:** This policy applies to all regular unclassified, employees within the Health Care Services Division Administration (HCSDA) and Lallie Kemp Medical Center (LKMC).

**Unclassified employees supervising classified employee(s) shall refer to HCSD Policy #4533, Performance Evaluation System (PES) for classified employees.**

For purposes of this policy, regular unclassified employees are defined as monthly paid unclassified employees and bi-weekly paid unclassified employees serving in a regular, leave earning, benefits eligible appointment.

**EFFECTIVE DATE:**

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**INQUIRIES TO:** Human Resources Administration  
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**Note: Approval signatures/titles are on the last page**

**LSU HEALTH CARE SERVICES DIVISION (HCSD)  
UNCLASSIFIED PERFORMANCE EVALUATION**

**I. POLICY STATEMENT**

Unclassified performance evaluations measure individual performance.

For purposes of this policy, the word “Performance” covers all aspects of employment to include job duties (both written and verbal communications), conduct, behavior, policies and procedures, required training, and attendance.

For purposes of this policy, regular unclassified employees are defined as monthly paid unclassified employees and bi-weekly paid unclassified employees serving in a regular, leave earning, benefits eligible appointment.

Note: Any reference herein to Health Care Services Division (HCSD) also applies and pertains to Lallie Kemp Medical Center (LKMC).

**II. IMPLEMENTATION**

This policy and subsequent revisions to this policy shall become effective upon approval and signature of the HCSD Executive Officer or Designee.

**III. EVALUATION YEAR**

The performance evaluation year for each employee shall be January 1st through December 31<sup>st</sup> of each year.

**IV. EVALUATION FORM**

- A. HCSD Evaluation Form (See Attachment 1).
- B. One overall rating – no scores, weights, or averages.
- C. No re-ratings.

**V. EVALUATING SUPERVISOR**

- A. In most cases, this is the direct line supervisor as indicated on position descriptions and/or organization charts.
- B. Evaluating Supervisor is responsible for evaluation of subordinates within required deadlines.

- C. Evaluating Supervisor who fails to complete evaluations in accordance with this policy may be subject to disciplinary action up to and including dismissal.

**VI. UNCLASSIFIED EVALUATING SUPERVISOR OF CLASSIFIED EMPLOYEES**

- A. This policy refers to evaluations for unclassified employees only.
- B. **For performance planning and evaluations for classified subordinates, Evaluating Supervisors shall comply with HCS D Policy #4533, Performance Evaluation System (PES) for Classified Employees.**

**VII. OVERALL PERFORMANCE EVALUATION**

- A. Evaluations are completed after the performance year has ended on 12/31 and must be submitted to the Human Resources Department no later than 03/01 or other date as designated by HCS D Human Resources Administration.
- B. Overall performance is based upon the work tasks and behavior.
- C. All official evaluations will have an effective date of 01/01.
- D. Four levels of ratings
  - 1. Successful – Met requirements of the job
  - 2. Unsuccessful - Poor performance
  - 3. Not Evaluated – Recent hire/insufficient time to evaluate (Please refer to E. below for further explanation.)
  - 4. Unrated – Evaluating Supervisor did not meet evaluation deadline (Please refer to F. below for further explanation.)
- E. “Not Evaluated” rating may be selected under the following conditions. All three conditions must be met to select this rating.
  - 1. Employee is active as of 12/31 **AND**
  - 2. Employee has worked less than three (3) months at the evaluating agency **AND**
  - 3. An overall evaluation of “Not Evaluated” shall have the same effect as an evaluation of “Successful” and employee is eligible for performance adjustments, promotions, etc.
- F. “Unrated” evaluation
  - 1. Evaluating Supervisor failed to complete the evaluation and submit it to Human Resources within the required deadline and is in violation of this Policy.

2. **Evaluating Supervisors who fail to submit completed evaluations on their employees to the Human Resources Department by 03/01, may be subject to disciplinary action up to and including termination.**
3. Evaluations of “Unrated” shall be indicated on the final PES form and the employee shall be notified of their rating.

G. Evaluation Process

1. Complete the HCSD evaluation form after 01/01 but prior to 03/01. Employee given one overall rating.
2. Evaluating Supervisor meets with employee to discuss the evaluation. This can be in person, by phone, or email.
3. Evaluating Supervisor and Employee sign/date the form. Employee is given a copy and original completed/signed evaluation form is submitted to the Human Resources Department by 03/01.
4. Employee refuses to sign form – Evaluating Supervisor shall note the refusal on the form and record the date the evaluation session occurred. An employee cannot prevent the evaluation from becoming official by refusing to sign the form.

H. Employee Not Available to Sign Evaluation Prior to 03/01

1. Notification will be made by mail/email.
2. Notification will be considered timely if mailed/emailed to the employees on or before 03/01
3. Proof of mailing required – Copies sent to Human Resources.

I. Evaluating Supervisor Not Available to complete form – Designee shall conduct evaluation sessions.

**VIII. EFFECTS OF UNSATISFACTORY EVALUATION**

A. Employee shall not be eligible for:

1. Performance adjustment
2. Promotion
3. Temporary assignment with pay to a higher level position unless prior approval is obtained from the HCSD Executive Officer or designee.

B. Employee may be separated or disciplined.

**IX. MAINTAINING THE PERFORMANCE DOCUMENTATION FILE**

A. A performance documentation file may be maintained by the Evaluating Supervisor.

- B. The file may contain sufficient information to assist with completion of the evaluation. Information may include:
  - 1. Work samples
  - 2. Attendance records
  - 3. Letters of complaint and/or commendation
  - 4. Training records
  - 5. Copies of counseling sessions
  - 6. Copies of memos, notices, or improvement plans
  - 7. For Evaluating Supervisors: Were forms completed timely for their subordinate employee(s)
- C. The performance documentation is not a public record; therefore, it should not be kept in a publicly accessible file.

**X. RECORD KEEPING AND REPORTING REQUIREMENTS**

- A. Each completed performance evaluation form shall be kept in the agency Human Resources Department and is not accessible to the public, and shall not be considered a public record.
- B. Completed forms must be kept indefinitely on active employees and for three (3) years on inactive employees.
- C. Completed forms must be available upon request for auditing purposes, and to the employee.

**XI. EXCEPTIONS**

The HCSD Executive Officer or designee may waive, suspend, change or otherwise deviate from any provision of this policy deemed necessary to meet the needs of the agency as long as it does not violate the intent of this policy; state and/or federal laws; Civil Service Rules and Regulations; LSU Policies/Memoranda; or any other governing body regulations.

**HCS D PERFORMANCE EVALUATION FORM FOR  
REGULAR UNCLASSIFIED EMPLOYEES**

(For purposes of this policy, regular unclassified employees are defined as monthly paid unclassified employees and bi-weekly paid unclassified employees serving in a regular, leave earning, benefits eligible appointment.)

- RATING YEAR JANUARY 1 – DECEMBER 31
- COMPLETE AND SUBMIT TO YOUR HR DEPARTMENT NO LATER THAN MARCH 1

EMPLOYEE NAME (PRINT) \_\_\_\_\_

DEPARTMENT/UNIT \_\_\_\_\_

JOB TITLE \_\_\_\_\_

CHOOSE ONE RATING:

- SUCCESSFUL (Meets job requirements)
- UNSUCCESSFUL (poor performance/needs improvement)
- UNRATED (evaluation not submitted within required deadlines)
- NOT EVALUATED (recent hire/insufficient time to evaluate)

EMPLOYEE  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EVALUATING SUPERVISOR  
NAME (print) \_\_\_\_\_ DATE \_\_\_\_\_

EVALUATING SUPERVISOR  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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