

2023 UNCLASSIFIED PERFORMANCE EVALUATION FORM

GENERAL INSTRUCTIONS

The employee **Performance Planning Period** is usually conducted September 1 – January 31 annually for the following year (or when the employee is hired, the duties change, or as needed). Employee performance is monitored throughout the year from January 1 –December 31. Finally, the **Performance Evaluation Period** occurs January 1 – April 1 annually, for the preceding year’s performance.

Executive assessments will temporarily be used to evaluate unclassified employee performance for the 2023 evaluation year. **The Performance Evaluation Period** is February 1, 2024 - April 1, 2024. All evaluation spreadsheets for unclassified employees who exceeded expectations must be submitted to the Chief Administrative Office at caoperformance@nola.gov by April 1.

Unclassified employees with **at least twelve months of service as of December 31, 2023**, who receive an overall rating of **exceeds expectations for the 2023 evaluation year**, will be awarded a **\$2000 one-time payment**. Employees who do not exceed expectations will not receive a merit payment.

IMPORTANT EVALUATION SYSTEM DATES

Performance Planning Period (September 1 – December 31)

N/A for 2023 evaluation year

Performance Evaluation Period (February 1 – April 1)

Evaluations and Narrative Feedback will be conducted during the Evaluation Review Period and is where the employee and the supervisor are able to discuss the employee’s performance throughout the year. Supervisors must complete all required factors and may complete applicable optional factors. These evaluations should be based on documented monitoring and feedback throughout the performance year.

The Narrative Feedback section is for discussing employee achievement, setbacks, challenges, strengths, and weaknesses. This section is also used to note the resources and support that the department/supervisor is required to provide employees. There are specific questions provided to facilitate the Narrative Feedback session. These questions are not scored.

To be Completed by Department by April 1

Date of Evaluation:

Employee Name:

Employee Number:

Employee Class Title & Class Code: Employee Position Title:

Brief Description of Duties:

Supervisor Name:

Work Unit Name:

Department Name:

PERFORMANCE EVALUATION

REQUIRED FACTORS:	Exceeds Expectations	Meets Expectations	Does not Meet Expectations
1. Job Knowledge (Gained through experience, education, training, or observation. Needed to do required duties.)			
2. Quality of Work (Includes accuracy, thoroughness, and neatness.)			
3. Volume of Work (Quantity or amount of work. Volume of work produced under normal conditions.)			
4. Dependability (Reliability on the job – includes absenteeism, tardiness, breaks, and responsibility for getting the job done on time.)			
5. Cooperation (Effectiveness in working with others. Also called attitude.)			
OPTIONAL FACTORS:			
6. Serving the public (Courtesy in dealing with the public and effectiveness in meeting the public's needs.)			
7. Safety (Compliance with rules of safety on the job.)			
8. Use of Equipment and materials (Use of materials, equipment, maintenance of equipment, tools, machinery, vehicles, etc.)			
9. Communication (Collection, organization, and presentation of information in written or oral form.)			
10. Decision Making (Coming to a conclusion based on information and judgement.)			

PERFORMANCE EVALUATION (CONTD.)

11. Planning & Organizing (Ability to plan ahead, schedule work, set realistic goals, anticipate and prepare for future assignments, set logical priorities and uses time wisely.)			
12. Motivation (Ability to get subordinates to get the job done.)			
13. Controlling (Establishing ways to measure and actually measuring how well a job is being done.)			
14. Delegation (Giving decision-making authority to subordinates.)			
15. Counseling and appraising (Ability to evaluate a subordinates performance and to discuss problems and performance in a constructive way.)			
Employee:			
Evaluating Supervisor:			
2nd Level Supervisor/ Appointing Authority:			
Appointing Authority:			

Check your overall rating:		
<input type="checkbox"/> EXCEEDS EXPECTATIONS	<input type="checkbox"/> MEETS EXPECTATIONS	<input type="checkbox"/> DOES NOT MEET EXPECTATIONS

NARRATIVE FEEDBACK

1. **Areas of Strength:** Which areas of work performance has the greatest growth been experienced?

2. **Areas of Improvement:** Which areas of performance require further improvement?

NARRATIVE FEEDBACK (CONTD.)

3. Additional Remarks/Comments:

Employee Name: _____

Employee Signature: _____

Supervisor Name: _____

Supervisor Signature: _____

2nd Level Supervisor Name: _____

2nd Level Supervisor Signature: _____

Appointing Authority Name: _____

Appointing Authority Signature: _____

Date: _____

I acknowledge that I have seen and discussed this evaluation with my supervisor. My signature below does not necessarily indicate agreement with the evaluation provided.

Employee Name: _____

Employee Signature: _____

I acknowledge that I have discussed this evaluation with the employee. My signature below does not necessarily indicate agreement with statements provided by the employee.

Supervisor Name: _____

Supervisor Signature: _____

I acknowledge that I have discussed this evaluation with the employee. My signature below does not necessarily indicate agreement with statements provided by the employee.

2nd Level Supervisor Name: _____

2nd Level Supervisor Signature: _____

I acknowledge that I have reviewed this evaluation. My signature below does not indicate necessarily agreement with statements provided by the employee.

Appointing Authority Name: _____

Appointing Authority Signature: _____