

PPR ANNUAL REPORTING FORM – 2005

This report covers the time period of July 1, 2004 through June 30, 2005

AGENCY NAME: _____

I. How many classified employees had anniversary dates in each of the following months:

| | | | | | |
|-----------|-------|----------|-------|------------|-------|
| JULY 2004 | _____ | NOV 2004 | _____ | MARCH 2005 | _____ |
| AUG 2004 | _____ | DEC 2004 | _____ | APRIL 2005 | _____ |
| SEPT 2004 | _____ | JAN 2005 | _____ | MAY 2005 | _____ |
| OCT 2004 | _____ | FEB 2005 | _____ | JUNE 2005 | _____ |

**TOTAL ANNIVERSARY DATES: _____

II. How many ratings were given to classified employees in each of these categories:

| | | | |
|--------------------|-------|----------------------|-------|
| Poor | _____ | Needs Improvement | _____ |
| Meets Requirements | _____ | Exceeds Requirements | _____ |
| Outstanding | _____ | Un-rated | _____ |

**TOTAL RATINGS _____

****Please explain (on the back of this page) any discrepancy between TOTAL ANNIVERSARY DATES and TOTAL RATINGS GIVEN.**

III Beginning 7/1/04, how many compliant employee Requests for Reviews have been received? _____

How many were Requests for Review of **Un-rated** ratings? _____

How many were Requests for Review of **Poor** Ratings? _____

How many were Requests for Review of **Needs Improvement** Ratings? _____

How many were Requests for Review of **Meets Requirements** Ratings? _____

How many were Requests for Review of **Exceeds Requirements** Ratings? _____

Since the rules require that a compliant Request for Review must result in a higher rating if granted by the reviewer, then any Request for Review of an **Outstanding** rating would be non-compliant. Did your agency receive any Requests for Review of Outstanding ratings? If so how many? _____

Of the Requests for Review of “un-rated” ratings, how many resulted in the granting of an actual numerical rating? _____

Of the Requests for Review of ratings other than “un-rated” ratings:

How many resulted in an affirmation of the original rating? _____

How many resulted in a raising of the original rating? _____

How many resulted in a lowering of the original rating? _____

How many Requests for Review (**all categories**) are still pending the Reviewer’s decision as of 6/30/05? _____

SIGNATURES:

Appointing Authority Name _____

Appointing Authority Signature _____ Date _____

Human Resources Director Name _____

Human Resources Director Signature _____ Date _____

H. R. Director Phone _____ e-mail address _____

Agency Name _____

DO NOT FAX THIS REPORT. SEND THE ORIGINAL ONLY.

Mail completed report by July 31, 2005 to:

Dept. of State Civil Service
Attn: Program Assistance Division
P. O. Box 94011
Baton Rouge, LA 70804-9111