

**PPR ANNUAL REPORTING FORM – 2004**

**This report covers the time period of July 1, 2003 through June 30, 2004**

AGENCY NAME: \_\_\_\_\_

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

JULY 2003	_____	NOV 2003	_____	MARCH 2004	_____
AUG 2003	_____	DEC 2003	_____	APRIL 2004	_____
SEPT 2003	_____	JAN 2004	_____	MAY 2004	_____
OCT 2003	_____	FEB 2004	_____	JUNE 2004	_____

\*\*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 7/1/03, how many compliant employee Requests for Reviews have been received?

How many were Requests for Review of <b>Un-rated</b> ratings?	_____
How many were Requests for Review of <b>Poor</b> Ratings?	_____
How many were Requests for Review of <b>Needs Improvement</b> Ratings?	_____
How many were Requests for Review of <b>Meets Requirements</b> Ratings?	_____
How many were Requests for Review of <b>Exceeds Requirements</b> 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 6/30/04? \_\_\_\_\_

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**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, 2004 to:**

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