

APPENDIX I

Redwoods Community College District CLASSIFIED PERFORMANCE EVALUATION FORM

Employee Name: _____

Title: _____

Employee #: _____

Location: _____

Division/Dept.: _____

	6 month		First Annual		Biennial
Evaluation Rating Period		From: Through:			

C = Completed I = In Progress W = Withdrawn

PART A: GOALS FROM PREVIOUS EVALUATION PERIOD	CURRENT STATUS
	C I W

PART B: Evaluate the employee's performance in his/her current assignment for the evaluation period indicated above, and provide examples of performance as well as comments in the spaces provided under each rating (use additional pages if needed). Your comments should be used as a guide in the development of Goals and Objectives for the upcoming evaluation period (see PART D).

DEFINITIONS:

Exceeds = Exceeds the required standard of performance for this factor.

Meets = Meets the required standard of performance for this factor.

Occasional Problem(s) = Performance problem(s) are occasional and are corrected immediately following supervisor counsel.

Consistent Problem(s) = Performance problem(s) are consistent and serious. Previous supervisor counsel, additional training and/or other attempts to improve have not resulted in the required standard of performance for this factor.

PERFORMANCE FACTORS AND RATINGS:

1. **KNOWLEDGE OF APPLICABLE POLICIES AND PROCEDURES:** employee demonstrates knowledge of the rules, regulations and procedures required to perform the duties of this position. Employee knows why things are done and learns work quickly.

☐ Exceeds

☐ Meets

☐ Occasional Problem(s)

☐ Consistent Problem(s)

Comments:

- 2. CONTACT WITH CO-WORKERS, OTHER DISTRICT EMPLOYEES AND THE GENERAL PUBLIC:** employee uses courtesy, tact, discretion and patience in relationships with co-workers and those who are outside of the immediate work area.

☐ Exceeds ☐ Meets ☐ Occasional Problem(s) ☐ Consistent Problem(s)

Comments:

- 3. USE OF INDEPENDENT JUDGMENT:** employee can assemble available data, facts and information to make a decision within the parameters of the job. Employee demonstrates proper attention to detail and reasoning is consistent.

☐ Exceeds ☐ Meets ☐ Occasional Problem(s) ☐ Consistent Problem(s)

Comments:

4. PLANNING AND ORGANIZATION OF WORKLOAD: employee is able to meet scheduled deadlines; can anticipate potential problems with various workloads and take appropriate action to avoid them.

☐ Exceeds

☐ Meets

☐ Occasional Problem(s)

☐ Consistent Problem(s)

Comments:

5. ATTITUDE AND INITIATIVE: Employee demonstrates the ability to perform assigned jobs without detailed instructions. Employee demonstrates ability to see difficult jobs to completion and interest, enthusiasm and cooperation in his/her work; and with his/her associates. Employee accepts constructive criticism and is eager to improve job performance where needed.

☐ Exceeds

☐ Meets

☐ Occasional Problem(s)

☐ Consistent Problem(s)

Comments:

6. RESPONSIBILITY AND COOPERATION: Employee is willing to assume and carry out assignments and is accountable for actions. Employee demonstrates a willingness and ability to work effectively with others to achieve common goals.

☐ Exceeds ☐ Meets ☐ Occasional Problem(s) ☐ Consistent Problem(s)

Comments:

7. EXPRESSION: Employee demonstrates the ability to convey ideas and suggestions orally and in writing in a manner appropriate to the situation and his/her position.

☐ Exceeds ☐ Meets ☐ Occasional Problem(s) ☐ Consistent Problem(s)

Comments:

8. QUALITY OF WORK: completed work is accurate, neat and demonstrates attention to details.

☐ Exceeds

☐ Meets

☐ Occasional Problem(s)

☐ Consistent Problem(s)

Comments:

9. ADAPTABILITY: employee demonstrates flexibility in the acceptance and implementation of new technologies, procedures, policies and regulations.

☐ Exceeds

☐ Meets

☐ Occasional Problem(s)

☐ Consistent Problem(s)

Comments:

10. USE OF SAFETY PROCEDURES: employee demonstrates ability to use department safety precautions and to use equipment and supplies according to established safety procedures.

☐ Exceeds ☐ Meets ☐ Occasional Problem(s) ☐ Consistent Problem(s)

Comments:

11. ATTENDANCE: employee arrives at work on time, adheres to time allotted for breaks and lunch periods; complies with procedures concerning absenteeism, requests for vacation and leaves of absence, reporting of sick leave, and other time off duty.

☐ Met ☐ Not Met

Comments:

12. OTHER FACTOR(S): (if applicable, use this section to rate additional factors. These performance factors must relate directly to the position classification and to its essential functions and must apply to the last evaluation period.)

☐ Exceeds

☐ Meets

☐ Occasional Problem(s)

☐ Consistent Problem(s)

Comments:

PART C: OVERALL APPRAISAL

During the evaluation period, the employee's overall performance in this job can be described as follows, please check one:

- ☐ **Exceeds.** Exceeds the required standard of performance for this position. Employee fully understands the positions responsibilities and required level of performance, and is able to maintain a consistently high quality of work.
- ☐ **Meets.** Meets the required standard of performance for this position. Employee demonstrates satisfactory understanding of job responsibilities and required level of performance.
- ☐ **Occasional Problem(s).** Performance problems were occasional. Employee has been counseled by the supervisor and an improvement plan was established. Performance is expected to improve sufficiently to meet job standards during the upcoming evaluation period.
- ☐ **Consistent Problem(s).** Performance consistently falls below the required standard for this position; counseling by the supervisor and repeated warnings have not resulted in the required improvement of employee performance.

Comments:

STATUS OF PROBATIONARY PERIOD (for use in evaluating probationary employees at the two and five-month periods), please check one:

- ☐ New employee has demonstrated the knowledge, skills and abilities required to perform the essential functions of this position at an acceptable performance standard.
- ☐ New employee needs immediate improvement in some areas of performance, additional training and improvement required immediately in order to complete the probationary period.
- ☐ New employee performance falls below the acceptable performance standard. Employee may not be recommended for completion of the probationary period.

PART D: GOALS AND OBJECTIVES – NEXT EVALUATION PERIOD (Unless part of a performance improvement plan, the completion of Part D is optional and should follow supervisor/employee discussion about improvements and/or needed training; upcoming changes to division/department mission and goals; anticipated new technology, policies, and procedures that may influence employee objectives for the upcoming evaluation period). Attach additional pages if needed.

GOALS AND OBJECTIVES

PART E: EMPLOYEE SIGNATURE

_____ I have read the factor ratings and comments in this performance evaluation form, and have discussed them with my immediate supervisor and/or division/department administrator.

Employee Signature: _____ Date: _____

_____ In signing this report, I do not agree with the conclusions of the rater. I have attached to the performance evaluation specific details regarding my disagreement to the assessment stated in this performance evaluation.

PART F: SUPERVISOR AND ADMINISTRATOR SIGNATURES

I/we met with the employee to discuss this performance evaluation on (date) _____

Immediate Supervisor: _____ Date: _____

Div/Dept. Administrator: _____ Date: _____

Note: please forward the completed and signed form and attachments to the Office of Human Resources. This form should be accompanied by the Employee Optional Self-Assessment Form (if submitted by employee), the Classified Employee Special Recognition form (if applicable for the evaluation period) and any written comments submitted by the employee.

PART G: HUMAN RESOURCES AUTHORIZATION

Performance evaluation forms and information were reviewed by:

Director of Human Resources Review

___ As requested by the employee, I have completed the performance evaluation review on _____.

___ I concur with the Rater's original performance review.

___ I disagree with the Rater's original performance evaluation and require that the performance evaluation be resubmitted with the following amendments:

Follow-up completed: (if applicable)

Distribution: Originals to employee personnel file
Copies to employee; immediate supervisor