



# Job Performance Review

Today's Date: \_\_\_\_\_

Last: _____	First: _____	M.I. _____	SCC ID#: _____
Title: _____		Dept.: _____	
Supervisor: _____		Hire Date: _____	
Probationary – 3 mo. <input type="checkbox"/> 6 mo. <input type="checkbox"/> 9 mo. <input type="checkbox"/>		Regular Employee <input type="checkbox"/>	

This performance evaluation is made to assist employees in their efforts to do a good job. Conclusions based upon this employee's work performance during the period covered by this report are summarized below. This report will be instrumental in determining the permanent status of an employee, IF probationary. The copy the employee receives is an exact duplicate of the copies filed. PLEASE READ THE ATTACHED INSTRUCTIONS BEFORE COMPLETING.

### Qualifying Factors (mark (x) for only those that apply to employee's position)

	Commendable					Commendable			
	Needs Improvement Unacceptable	↓ Competent	↓	↓		Needs Improvement Unacceptable	↓ Competent	↓	↓
<b>1. Quality of Work</b>					<b>5. Relationships with others</b>				
a. Job knowledge	a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Supervisor	a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Employees	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Neatness	c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Students	c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attention to detail	d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Public	d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Quantity of Work</b>					<b>6. Leadership Ability</b>				
a. Meets work schedules	a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Leadership	a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Able to achieve workload	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Fairness/Impartiality	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Work Habits &amp; Attitudes</b>					c. Decision making	c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Dependability	a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Training/Instructing	d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Punctuality	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Planning/Assigning	e. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attendance	c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>7. Additional Factors Not Mentioned Above</b>				
d. Planning/Organizing	d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. _____	a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Compliance with instructions/rules/regulations	e. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. _____	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ability to work without supervision	f. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>4. Personal Qualities</b>					<b>8. Overall Work Performance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Judgement	a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>9. Goals (Optional)</b>				
b. Initiative	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Attach a list of goals on a separate sheet of paper.				
c. Adaptability to unforeseen/new situations	c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
d. Effectiveness under pressure	d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

**PLEASE NOTE:**

1. If "Needs Improvement" or "Unacceptable" is checked, please attach documentation with details.
2. If overall rating is "Needs Improvement" or ONE factor is "Unacceptable," then documentation of performance assessments along with plans to meet with the employer for improvement goals must be attached.
3. If "Commendable" is checked, please comment on why this rating was given.
4. Employee has 48 business hours to review this evaluation before signing.

Employee is probationary and recommended to regular status.

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I have seen this evaluation, reviewed it with my supervisor, and agree with the conclusion.

I have seen this evaluation, reviewed it with my supervisor, and DO NOT agree with the conclusion.

I would like to discuss this evaluation with Human Resources and my CSEA representative.

Employee refused to sign. (Supervisor signature required) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Job Performance Instruction and Information**

- The overall goal of evaluating the job performance of our employees is the improvement of services in support of the educational program of the District. The purpose of the employee evaluation is to reflect the unit member's proficiency in the job, promote self-improvement, identify areas in which the individual is performing satisfactorily, identify areas of improvement if necessary, and to identify goals and objectives for the ensuing year.
- To indicate the rating on any factor, a check mark or "x" is placed in the appropriate column. Please note the definitions of the appropriate rating are listed below.
- If "Needs to Improve" or "Unacceptable" is checked, documentation MUST be attached.
- If overall rating is "Needs to Improve" or one factor is "Unacceptable," documentation of performance assessments as well as meeting with the employee to develop a plan for improvement MUST be included. Employee may have CSEA representation if the employee feels it is necessary.
- If "Commendable" is checked, please comment on why you have given this rating.
- The employee may have at least forty-eight (48) hours to review his/her evaluation prior to signing.
- If the employee refuses to sign, the supervisor must indicate on the evaluation form where indicated.

### **Definition of Ratings**

<b><u>Commendable</u></b>	The employee's work consistently and significantly exceeds the standard for this position.
<b><u>Competent</u></b>	The employee's work is definitely and consistently satisfactory.
<b><u>Needs to Improve</u></b>	The performance of the job is somewhat inadequate to reach the standard required of a competent, permanent employee by the end of the probationary period. Greater effort or training is needed.
<b><u>Unacceptable</u></b>	The performance on the job is very inadequate. Special training, reassignment, or separation may be advisable.

This document must be sent to employee and supervisor.