Performance Evaluation for Classified Employees

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| **Evaluation Status:**  3-month Probationary  6-month Probationary  Annual for Year:  Other: | | | | | Name: |  | | | | | | | | | Grade | | |  | | |
| State Title: | |  | | | | | | | | | | | | | |
| Working Title: | | | |  | | | | | | | | | | | |
| Department: | | | |  | | | | | | | | | | | |
| Anniversary Date in College Service: | | | | |  | | | | | | | | | | |
| Anniversary Date in Working Title: | | | | |  | | | | | | | | | | |
| **Part A** | | | | | | | | | | | | | | | | | | | | |
| **Definition for Rating to be Applied** | | | | | | | | | | | | | | | | | | | | |
| * **Commendable:** Accomplished all goals or performs all tasks and excels in a substantial manner * **Above Standard:** Performs all tasks above departmental standards * **Competent:** Meets departmental Standards | | | | | | | | * **Needs Improvement:** Below average performance but improving and potentially acceptable. * **Unacceptable:** Many goals unrealized or many tasks not performed. * **Not Applicable:** Not applicable to job | | | | | | | | | | | | |
| *Specific examples must be cited in the space provided for comments.* | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **A.1 Quality and Quantity of Work:** | | | | | | | | | | | ***Commendable*** | | ***Above Standard*** | | | ***Competent*** | ***Needs Improvement*** | | ***Unacceptable*** | ***Not Applicable*** |
| A. | Demonstrates knowledge of job | | | | | | | | | |  | |  | | |  |  | |  |  |
| B. | Performs work with accuracy | | | | | | | | | |  | |  | | |  |  | |  |  |
| C. | Work is neat and presentable. | | | | | | | | | |  | |  | | |  |  | |  |  |
| D. | Work is thorough. | | | | | | | | | |  | |  | | |  |  | |  |  |
| E. | Organizes work appropriately. | | | | | | | | | |  | |  | | |  |  | |  |  |
| F. | Appropriate amount of work accomplished: | | | | | | | | | |  | |  | | |  |  | |  |  |
| **Supervisor’s Comments:** | | | | | | | | | | | | | | | | | | | | |
| **Employee’s Comments:** | | | | | | | | | | | | | | | | | | | | |
| **A.2 Work Habits** | | | | | | | | | | | ***Commendable*** | | ***Above Standard*** | | | ***Competent*** | ***Needs Improvement*** | | ***Unacceptable*** | ***Not Applicable*** |
| A. | Is regular in attendance at work. | | | | | | | | | |  | |  | | |  |  | |  |  |
| B. | Observes established working hours. | | | | | | | | | |  | |  | | |  |  | |  |  |
| C. | Completes work on time. | | | | | | | | | |  | |  | | |  |  | |  |  |
| D. | Demonstrates the ability to work without immediate supervision. | | | | | | | | | |  | |  | | |  |  | |  |  |
| E. | Complies with departmental and college policies. | | | | | | | | | |  | |  | | |  |  | |  |  |
| F. | Complies with instructions, rules, and regulations, including health and safety precautions. | | | | | | | | | |  | |  | | |  |  | |  |  |
| **Supervisor’s Comments:** | | | | | | | | | | | | | | | | | | | | |
| **Employee’s Comments:** | | | | | | | | | | | | | | | | | | | | |
| **A.3 Work Attitudes** | | | | | | | | | | | ***Commendable*** | | ***Above Standard*** | | | ***Competent*** | ***Needs Improvement*** | | ***Unacceptable*** | ***Not Applicable*** |
| A. | Endeavors to improve work techniques. | | | | | | | | | |  | |  | | |  |  | |  |  |
| B. | Accepts new ideas and procedures. | | | | | | | | | |  | |  | | |  |  | |  |  |
| C. | Accepts constructive criticism and suggestions. | | | | | | | | | |  | |  | | |  |  | |  |  |
| D. | Accepts responsibility. | | | | | | | | | |  | |  | | |  |  | |  |  |
| E. | Exercises judgment. | | | | | | | | | |  | |  | | |  |  | |  |  |
| F. | Adapts to emergency situations. | | | | | | | | | |  | |  | | |  |  | |  |  |
| **Supervisor’s Comments:** | | | | | | | | | | | | | | | | | | | | |
| **Employee’s Comments:** | | | | | | | | | | | | | | | | | | | | |
| **A.4 Professional Relationships** | | | | | | | | | | | ***Commendable*** | | ***Above Standard*** | | | ***Competent*** | ***Needs Improvement*** | | ***Unacceptable*** | ***Not Applicable*** |
| A. | Works well with co-workers. | | | | | | | | | |  | |  | | |  |  | |  |  |
| B. | Works well with the public. | | | | | | | | | |  | |  | | |  |  | |  |  |
| C. | Cooperates with supervisors and other staff members. | | | | | | | | | |  | |  | | |  |  | |  |  |
| D. | Observes established channels of communication. | | | | | | | | | |  | |  | | |  |  | |  |  |
| **Supervisor’s Comments:** | | | | | | | | | | | | | | | | | | | | |
| **Employee’s Comments:** | | | | | | | | | | | | | | | | | | | | |
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| **A.5 Supervisory Ability** *(where applicable)* | | | | | | | | | | | ***Commendable*** | | ***Above Standard*** | | | ***Competent*** | ***Needs Improvement*** | | ***Unacceptable*** | ***Not Applicable*** |
| A. | Demonstrates leadership ability. | | | | | | | | | |  | |  | | |  |  | |  |  |
| B. | Makes timely decisions. | | | | | | | | | |  | |  | | |  |  | |  |  |
| C. | Works effectively in a team environment. | | | | | | | | | |  | |  | | |  |  | |  |  |
| D. | Trains and instructs subordinates. | | | | | | | | | |  | |  | | |  |  | |  |  |
| E. | Maintains acceptable performance standards among employees. | | | | | | | | | |  | |  | | |  |  | |  |  |
| **Supervisor’s Comments:** | | | | | | | | | | | | | | | | | | | | |
| **Employee’s Comments:** | | | | | | | | | | | | | | | | | | | | |
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| **Part B** | | | | | | | | | | | | | | | | | | | | |
| **Comments of Departmental Supervisor who Performed this Evaluation** | | | | | | | | | | | | | | | | | | | | |
| **Probationary 3-month and 6-month Evaluation:**  Retention  Dismissal | | | | | | | | **Annual or Other Evaluation:**  Retention  Dismissal | | | | | | | | | | | | |
| **Comments of Departmental Supervisor:** | | | | | | | | | | | | | | | | | | | | |
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|  | | | | *Signature Departmental Supervisor* | | | | | | | | | *Date* | | | | | | | |
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|  | | | | *Title of Departmental Supervisor* | | | | | | | | | | | | | | | | |
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| **Comments of Employee:** | | | | | | | | | | | | | | | | | | | | |
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| *Employee Signature* (Does not imply agreement or disagreement with evaluation) | | | | | | | | | *Date of discussion with Supervisor* | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Part C** | | | | | | | | | | | | | | | | | | | | |
| **Comments of Intermediate Supervisor and/or Chief Human Resources Officer who Reviewed this Evaluation** | | | | | | | | | | | | | | | | | | | | |
| **Probationary 3-month and 6-month Evaluation:**  Retention  Dismissal | | | | | | | | **Annual or Other Evaluation:**  Retention  Dismissal | | | | | | | | | | | | |
| **Comments of Intermediate Supervisor and/or Chief Human Resources Officer:** | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | |  | | | | | | |
| *Signature* | | | | | | | | | | *Date* | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Comments of Employee:** | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | |  | | | | | | | | |
| *Employee Signature* (Does not imply agreement or disagreement with evaluation) | | | | | | | | | *Date* | | | | | | | | |