

INSTRUCTIONS FOR PREPARING THE FINAL PROBATIONARY PERFORMANCE EVALUATION FORM

1. Probationary employees should be given performance evaluations no less than twice during their probationary period. If any item on the evaluation form is rated "Below Work Performance Standards", the employee may be evaluated every month during the remainder of the probationary period. The last evaluation should be on the Final Probationary Evaluation form.
2. The evaluation is to be completed by the supervisor who oversees, reviews or checks the work of the employee, or is the one who is most closely acquainted with the employee's work.
3. The evaluation is recorded by placing an X mark (X) in the appropriate box opposite the factor being evaluated.
4. An employee who has a definite pattern of absenteeism should be provided with written information that describes the negative effects of poor attendance.
5. Factor Definitions:
 - a. Exceeds Standards - This means that performance for the factor being rated is consistently and noticeably above a proficient level. This performance is clearly obvious. If "Exceeds Work Standards" is marked for any factor, the supervisor should state in the "Comments" section how the employee's performance exceeds the standard.
 - b. Meets Standards - This means that performance for the factor being rated is consistently at a proficient level. The employee has, overall, achieved the expected level of performance.
 - c. Below Standards - This means lack of consistent performance at a proficient level for the factor being rated. The employee's performance is inadequate and inferior, and the employee has not achieved the expected level of performance. If "Below Work Standards" is checked for any factor, the following must be included in the "Comments" section:
 - a statement of the problem or concern
 - the desired improvement
 - suggestions as to how to improve
 - provisions for assisting the employee
6. Evaluations should be based on observation or knowledge and not upon unsubstantiated or undocumented charges or rumors. No evaluation can be based on derogatory material in the employee's personnel file unless the employee has been given prior notice and an opportunity to review and attach his or her comments to such derogatory material.
7. If the employee is to be dismissed or demoted, contract your Personnel or Staff Relations Representative for assistance.
8. The supervisor should:
 - a. Submit the completed evaluation form to the next higher level supervisor for review before discussing the evaluation with the employee.
 - b. Discuss the evaluation with the employee.
 - c. Sign the performance evaluation form and obtain the signature of the employee on each copy.
 - d. Retain the original copy of the performance evaluation form.
 - e. Give the employee a copy of the completed form. If the employee is not available, the supervisor should send the copy of the form to the employee's last known address.
 - f. Follow the above procedures whether or not the employee signs the evaluation.

BARGAINING UNIT EMPLOYEES

9. An employee who disagrees with the evaluation has the right to appeal the evaluation to the appropriate region superintendent, division head or a designated representative. The employee may be represented by his/her unit's exclusive representative, if he/she so desires.
10. No grievance arising under the evaluation procedures article of the collective bargaining agreement may challenge the substantive objectives, standards or criteria determined by the evaluator of the District, nor may it contest the judgment of evaluator. Grievances concerning the evaluation are limited to claims that the evaluation procedures set forth in the collective bargaining agreement have not been followed.

LOS ANGELES UNIFIED SCHOOL DISTRICT - PERSONNEL COMMISSION
FINAL PERFORMANCE EVALUATION FOR PROBATIONARY CLASSIFIED EMPLOYEES
 (Please read the instructions before completing this form.)

 Last Name First Name Employee Number

 Job Title Name of Work Location

 Date of Hire

This form should be completed no later than four months after the employee starts to work
 It may be completed sooner.

Report from _____ to _____
 (Date) (Date)

1- ATTENDANCE: Total number of hours absent from job: _____

Include hours absent due to illness, industrial illness, bereavement, personal necessity (not including religious holidays) and unpaid time away from this job

Excellent attendance record Acceptable attendance record Excessive absence from work;
 definite pattern of absenteeism.
 (See paragraph 4 of instructions)

	Exceeds Standards Meets Standards Below Standards			COMMENTS
<p>2- WORK PRODUCT</p> <p>Quality of Work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Quantity of Work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Consider job knowledge, job-related judgment, thoroughness, neatness, skill level, volume of output and extent to which work schedules are met.</p>				
<p>3- WORK HABITS</p> <p>Consider punctuality, dependability, acceptance of responsibility, compliance with instructions, safety practices and ability to work without close supervision.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4- RELATIONS WITH OTHERS</p> <p>Consider attitude towards and acceptance by fellow employees, supervisors, school-based personnel and students.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5- ADDITIONAL JOB-RELATED FACTORS</p> <p>This section should be completed if the employee has management, supervisory or lead responsibilities. Otherwise, completion is optional. List additional factors not considered above: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6- OVERALL WORK PERFORMANCE</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RECOMMENDATION

I recommend that this employee be granted permanent status. I will issue a "Notice of Unsatisfactory Service" and will initiate dismissal/demotion proceedings. (See paragraph 7 on the instructions page)

 Signature of Supervisor Title Date

 Signature of Reviewer Title Date

EMPLOYEE: My signature below acknowledges that I have seen this evaluation, but does not necessarily imply that I agree with it. (You may attach a written statement if you wish.)

 Signature of Employee Date

