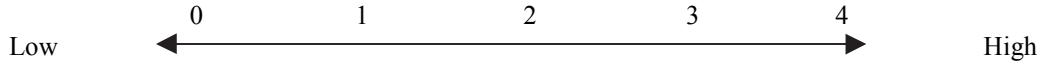


Current Date		SANTA FE COLLEGE EMPLOYEE PERFORMANCE EVALUATION TYPE II		
SFC ID#	NAME OF EMPLOYEE		FTE	CLASS TITLE
NAME OF DEPARTMENT		TYPE OF REVIEW		ANNIVERSARY DATE
		<input type="checkbox"/> PROBATIONARY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL		

COMPLETED FORM MUST BE RETURNED TO PERSONNEL DIVISION BY RATE EACH CRITICAL ELEMENT AND EACH STATEMENT OF WORK BEHAVIOR ACCORDING TO THE FOLLOWING SCALE.



SUMMARIZE THE CRITICAL ELEMENTS OF THE JOB OUTLINED IN THE PERFORMANCE PLAN FOR THIS RATING PERIOD INTO FIVE (5) STATEMENTS. ASSIGN RATING YOU HAVE DETERMINED BEST DESCRIBES THE EMPLOYEE'S LEVEL OF PERFORMANCE.

1.
2.
3.
4.
5.

RATE EACH STATEMENT OF WORK BEHAVIOR ACCORDING TO THE LEVEL YOU HAVE DETERMINED BEST DESCRIBES THE EMPLOYEE'S OBSERVED WORK BEHAVIOR DURING THE RATING PERIOD.

6. Complies with work schedule established by supervisor. Observes requirements regarding requesting annual leave in advance and does not abuse sick leave privileges.
7. Accepts variety of and/or change in assignments without negative comments or complaints as long as they are within the scope of the job description.
8. Determines proper order of importance of work assignments as evidenced by timely decisions and completion of work. Gives appropriate answers to inquiries from internal and external sources regarding the responsibilities of the department. Displays understanding of organization needs through daily actions on the job.
9. Works in harmony with coworkers to maintain effective and efficient operation of the department as evidenced by the absence of disagreements with coworkers and demonstrated effort to perform equitable share of work at all times.
10. Responds to criticism from supervisor by promptly correcting work deficiencies as stated by supervisor or explaining to the satisfaction of the supervisor why work was performed in a certain way.

TO DETERMINE OVERALL RATING, ADD RATINGS ASSIGNED TO ALL TEN (10) FACTORS. TOTAL SCORE WILL FALL IN RANGE OF 0 - 40. LOCATE TOTAL SCORE ON THE FOLLOWING SCALE.

1. 00 - 14 Does not meet expected performance
2. 15 - 34 Meets expected performance.
3. 35 - 40 Exceeds expected performance.

OVERALL RATING

CAREER DEVELOPMENT

What efforts were made during this evaluation period to review required expectations, discuss progress, identify strengths and weaknesses and identify developmental or corrective action needed?

If performance is below expectations in any area for this rating period, what corrective action is recommended?

Are additions/changes needed on the employee's job description? Yes No

If yes, attach revised job description.

What suggestions do you have at this time for this employee's career development?

EMPLOYEE'S COMMENTS (What additional information do you believe should be included in the record regarding your performance during this rating period?)

PERFORMANCE PLAN FOR NEXT RATING PERIOD

Indicate the critical elements to be required of this employee during the next rating period and the expected standards of performance. (Use additional sheets, if necessary.)

Signature of Supervisor Date

Signature of Higher Level Supervisor Date

Receipt of copy acknowledged by Employee Date