

GAVILAN COLLEGE
CLASSIFIED EMPLOYEE EVALUATION FORM

EMPLOYEE'S NAME _____ JOB TITLE _____

DIVISION OR UNIT _____ DATE _____

EVALUATION: () ANNUAL () PROBATIONARY _____ () SUPPLEMENTAL
DATE

CATEGORY EVALUATION

UNSATISFACTORY NEEDS IMPROVEMENT SATISFACTORY EXCEEDS EXPECTATIONS OUTSTANDING

I. KNOWLEDGE AND QUALITY OF WORK

- A. Understands job responsibilities _____
- B. Performs duties accurately / promptly. _____
- C. Completes work in reasonable time _____

RATING IN CATEGORY I:

- () Unsatisfactory () Needs Improvement () Satisfactory () Exceeds Expectations
- () Outstanding

II. WORK HABITS AND ATTITUDES

- A. Organizes work _____
- B. Shows initiative and flexibility in performance of duties _____
- C. Works with minimum of supervision _____
- D. Is receptive to new methods and ideas _____
- E. Is concerned with safety factors _____
- F. Accepts job responsibilities _____
- G. Demonstrates interest and enthusiasm for work _____
- H. Dependable _____
- I. Works effectively with other employees. _____
- J. Takes good care of property / equipment () Satisfactory () Unsatisfactory
- K. Has a regular attendance record () Satisfactory () Unsatisfactory
- L. Complies with assigned lunch and coffee breaks () Satisfactory () Unsatisfactory

RATING IN CATEGORY II:

- () Unsatisfactory () Needs Improvement () Satisfactory () Exceeds Expectations
- () Outstanding

III. PERSONAL QUALITIES AND RELATIONS

- A. Receptive to constructive work related criticism _____
- B. Shows tact and courtesy in dealing with public and other employees _____
- C. Dresses appropriately in relationship to position () Satisfactory () Unsatisfactory

RATING IN CATEGORY III:

- () Unsatisfactory () Needs Improvement () Satisfactory () Exceeds Expectations
- () Outstanding

OVERALL EVALUATION: Overall evaluation must reflect and be consistent with factors as listed in the category evaluations.
() UNSATISFACTORY () NEEDS IMPROVEMENT () SATISFACTORY () EXCEEDS EXPECTATIONS
() OUTSTANDING

WRITTEN STATEMENT: Comments must reflect why you have rated the employee as exceeding, meeting or not meeting job requirements. Include examples of employee's performance. Use additional sheets of paper for more space, if required.

Person completing the form _____
Signature _____ NAME _____ Date _____ TITLE _____

Date of Discussion With Employees _____

I have reviewed this report and have discussed it with my supervisor. I am aware of the fact that this document will become a part of my personal file unless I appeal in writing to the Personnel Officer for a resolution within ten (10) days from the date of my signature.

I agree with this evaluation. _____ I disagree with this evaluation. _____
Employee signature _____ Date _____ Employee signature _____ Date _____