## TEHAMA COUNTY DEPARTMENT OF EDUCATION

## **Performance Review**

Classified Employees CSEA

Name: Position: Division/Dept: Supervisor:			Review Pe	Review Period From: To:				
			Worksite_	Worksite Date Completed:				
			Date Com					
			Contributi	Contributing:				
Em	ployee Status:	Permanent 🗖	Temporary □	Probationary□	<ul><li>2 months</li><li>5 months</li></ul>			
1= 2= PEI	ings: (Circle approp Consistently works Needs improvement RFORMANCE INDICA	below standards. ATORS	5=Consistent	tandard. ks at or above standard. ly exceeds standards.	Rating			
1.								
2.	staff and the publ	lic, in person and on th	ne telephone.	s cooperatively and effectively v	1 2 3 4 5			
3.		-		ystems.				
4.	with assigned tas	ks.	_	s time effectively. Follows throu	1 2 3 4 5			
5.	efficiently.	•	•	o perform duties effectively and	1 2 3 4 5			
6.	0,	, ,	red tools/equipment of th	ne job.	1 2 3 4 5			

	EA Evaluation - Page 2 me:		Date:		
INA	ше		Date.		
7.	Professional Growth: Accepts new ideas and/or proceed Comments:		_		1 2 3 4 5
8.	Productivity: Work product/assignment (end result) reflects high quality. Work product is accurate, reliable, presentable, thorough, and reflects job knowledge.  Comments:			curate,	1 2 3 4 5
9.	Safety: Performs job assignments safely, protecting peo Comments:				1 2 3 4 5
10.	. Decision-making: Makes timely and reasonable decisions and takes necessary action, even in stressful situations.  Comments:				1 2 3 4 5
11.	. Flexibility: Performs other job related tasks as assigned, willingly, timely, and effectively.  Comments:				1 2 3 4 5
12.	All department forms are submitted as required and on time (Absence from Duty, timesheets, etc.)  Comments:			tc.)	1 2 3 4 5
(No mo	erall work performance: Considering 1-12 above: ote: Some Performance Indicators may be "weighted" re than others - this should be taken into consideration the determination of the overall work performance.)	2. 1 3. 4 4. 4	Unsatisfactory-Below Standard Needs to Improve At Standard At Times Above Standard Consistently Exceeds Standard		
ATTENDANCE RECORD: Supervisor to track attendance and punctuality		Days Perso	s Sick: s Tardy: onal Necessity: r Leaves:		ame:

	Other Leaves:	From: To:
Remarks:		
Improvement Objective(s):		

CSEA Evaluation - Page 3					
Name:	_ Date: _	Date:			
Record job strengths and superior performance incidents: _					
Record progress achieved in attaining previously set goals	for improved work performance:				
Record specific goals to be undertaken during next evaluati	-				
FOR PROBATIONARY EMPLOYEES ONLY:					
Do you feel that this employee should be recommended for	r permanent status?	Yes No No N/A at this time			
Supervisor's Name (please type or print)	Supervisor's Signature				
Title	Date				
Employee comments:					
Note: Signature of employee indicates the above per does not necessarily indicate agreement on the part of review, he/she may submit a written statement to the of the review. The employee's statement will be attemployee's personnel file.	f the employee. If the employee e Division Head within five (5) w	disagrees with the above orking days from receip			
Employee's Signature	Date				
☐ I request an appointment to discuss this evaluation report	rt at the next administrative level(s).				
Reviewer's Name (please type or print)	Reviewer's Signature				

Title

Date