

Management Evaluation Form

Manager Name _____ Employee ID _____

Evaluation Period - From: _____ To: _____

Supervisor _____ Peer _____ Peer _____

College / Location: ARC CRC DO EWC FLC FM SCC

Rating Key: 1 – Unacceptable 2 – Needs Improvement 3 – Satisfactory 4 – Very Good 5 – Excellent

		1	2	3	4	5
I.	Performance of Job Duties (attach copies of job objectives and self-evaluation of these objectives) <i>Comments:</i>					
II.	Leadership <i>Comments:</i>					
III.	Human Relations <i>Comments:</i>					
IV.	Communication <i>Comments:</i>					
V.	Personal Qualities <i>Comments:</i>					
VI.	Other <i>Comments:</i>					
VII.	Overall Rating <i>Comments:</i>					

Note: The overall rating is not necessarily an average or composite of the five subsections. The comments should include commendations and recommendations with specific suggestions. Attach extra pages as needed.

- I have seen this report and agree with the conclusions of the primary evaluator.
- I do not agree with the conclusions of the primary evaluator (manager may attach a statement to the evaluation form).

Manager's Signature

Date

Supervisor's (Primary Evaluator) Signature

Date

College President's Signature

Date

Chancellor's (or Designee) Signature

Date