

CLASSIFIED STAFF PERFORMANCE EVALUATION FORM

SANTA CLARITA COMMUNITY COLLEGE DISTRICT

CLASSIFIED EMPLOYEE EVALUATION

Name: _____

Date: _____

Job Title: _____

Evaluation Type: _____

Dept: _____

Evaluation Period:
From: _____ To: _____

| Factor | Exceeds Standard | Meets Standard | Needs to Improve | Unsatis- factory | N/A |
|--|---------------------|-------------------|------------------------|---------------------|-----|
| 1 QUALITY OF WORK | | | | | |
| Accuracy, neatness, thoroughness | | | | | |
| Oral or written expression | | | | | |
| 2 WORK KNOWLEDGE | | | | | |
| Appropriate skill level | | | | | |
| Information/Training used on the job | | | | | |
| 3 QUANTITY OF WORK | | | | | |
| Amount | | | | | |
| Timely completion of work/efficiency | | | | | |
| Multi-tasking | | | | | |
| 4 WORK HABITS | | | | | |
| Attendance, observance of work hours | | | | | |
| Observance of safety rules & regulations | | | | | |
| Compliance with work instructions | | | | | |
| Informs supervisor of work status | | | | | |
| Organizational skills | | | | | |
| Adherence to district policy (i.e. Laws, safety regulations, board policy and admin. procedures, etc.) | | | | | |
| 5 PERSONAL RELATIONS | | | | | |
| Working with others in a professional manner | | | | | |
| Meeting and handling the public | | | | | |
| Personal appearance | | | | | |
| Helpfulness, cooperation, good communication skills | | | | | |
| 6 INITIATIVE | | | | | |
| Performance in new situations or with new work methods | | | | | |
| Performance with minimal instruction/supervision | | | | | |
| 7 SUPERVISORY ABILITY (Coordinating/Lead Personnel Only) | | | | | |
| Planning and assigning | | | | | |
| Training and instructing | | | | | |
| Fairness and impartiality | | | | | |

Send original to Human Resources Department. Make one copy for employee.

Complete all of the following sections

Use comments to describe employee's strengths, weaknesses, and accomplishments beyond the standard work requirements. Ratings of *Unsatisfactory* or *Needs to Improve* must be substantiated by comments and a written plan for improvement. Number each comment to pertain to the appropriate area (factor) of evaluation rating, if applicable.

Manager's Comments:

New job related skills or examples of superior performance since last evaluation.

Specific areas of improvement needed.

Recommendations for development activities (training, education, skill upgrading).

Overall Performance Rating: _____

I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement with the ratings and that I have the right to attach to this report my comments, which I will submit within ten days. Both evaluation and comments will be placed in my personnel file.

Employee's Signature: _____ **Date:** _____

Manager's Signature: _____ **Date:** _____

Date Reviewed by Manager and Employee: _____

Administrator's Signature: _____ **Date:** _____