

LOS ANGELES UNIFIED SCHOOL DISTRICT – PERSONNEL COMMISSION
PERFORMANCE EVALUATION FOR PERMANENT UNIT D CLASSIFIED EMPLOYEES

(Please read the instruction on the other side before completing this form.)

Full Name (Last Name First)

Employee Number

Job Title (Assigned Class)

Name of Work Location

Report from _____ to _____ indicate time period during which employee is
 is being evaluated.

1. **ATTENDANCE:** Note the number of hours absent each day during the past year, excluding religious holidays of the employee's faith, vacations and school holidays or recesses.

Pay Period	1 st Week					2 nd Week					3 rd Week					4 th Week					Pay Period Subtotals
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	
First																					
Second																					
Third																					
Fourth																					
Fifth																					
Sixth																					
Seventh																					
Eighth																					
Ninth																					
Tenth																					
Eleventh																					
Twelfth																					
Thirteenth																					

Comments:

Total Hours Absent _____

2. **WORK PRODUCT**

	Exceeds Standards	
	Meets Standards	
Below Standards		

If "Below Standards" is checked, see Paragraphs 5 & 6 on the reverse side.

Quality of Work

Quantity of Work

Consider job knowledge, job-related judgment, thoroughness, neatness, skill level, employee workload, output volume, the extent to which work schedules and established priorities of work assignments are met.

3. **WORK HABITS**

Consider dependability, punctuality, and ability to comply with instructions, and the ability to work without close supervision.

4. **RELATIONS WITH OTHERS**

Consider attitude towards and acceptance by other employees, supervisors, school-based personnel, students and the public.

5. **ADDITIONAL JOB-RELATED FACTORS**

Identify critical job factors not considered above.

6. **OVERALL WORK PERFORMANCE**

7. **CLASSIFICATION OF POSITION:**

Are the assigned job duties within the scope of the classification? If in doubt, Review class description. If either indicates "No", attach a statement of the Out-of-class duties to a copy of this form and send it to the Personnel Commission, Room H-260, Administrative Offices.

	Yes	No
Supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Employee	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Evaluator _____ Title _____ Date _____

Signature of Reviewer _____ Title _____ Date _____

Written comments made by the reviewer should be discussed with the Supervisor & the employee.

EMPLOYEE: The signing of this form is merely an acknowledgment of having seen and discussed the evaluation. Your signature does not necessarily imply agreement with the conclusions of your supervisor. If you wish, you may attach an explanation.

Signature of Employee

INSTRUCTIONS FOR PREPARING PERFORMANCE EVALUATION FORMS

1. An evaluation must be completed at least once a year for each regular employee who is not serving an initial probation period. Every reasonable effort should be made to evaluate employees at least twenty (20) working days prior to the end of their assignment for the school year.
2. The evaluation is to be completed by the person who is at a supervisory level or higher. Where applicable, other supervisors or managers responsible for directing employee's work must be consulted. The evaluator must consider the employee's performance over the entire evaluation period.
3. The evaluation is recorded by placing an "X" in the appropriate box opposite the factor being evaluated. Evaluations should be based on observations or knowledge and not upon unsubstantiated or undocumented charges or rumors. No evaluation can be based on derogatory materials in the employee's personnel file unless the employee has been given prior notice and an opportunity to review and attach his or her comments to such material.

The evaluator should:

- a. Discuss the evaluation with the employee.
 - b. Sign the performance evaluation form and obtain the signature of the employee in duplicate.
 - c. Give the employee the duplicate copy of the completed form. If the employee has left the work location, forward the employee's copy to the home address.
 - d. Retain the original copy.
 - e. Follow the above procedures whether or not the employee signs the evaluation. If the employee refuses to sign, indicate it on the employee signature line.
4. **Attendance:** A number should be placed in the appropriate box to indicate number of hours for each day the employee was absent due to illness, industrial illness, bereavement, personal necessity or unauthorized (unpaid) time away from the job. Do not include personal necessity taken for religious holidays.
 5. **Factor Definitions:**

EXCEEDS STANDARDS - This means that performance for the factor being rated is consistently and noticeably above a proficient level. This performance is clearly obvious.

MEETS STANDARDS - This means that performance for the factor being rated is consistently at a proficient level. The employee has, overall, achieved the expected level of performance.

BELOW STANDARDS - This means a lack of consistent performance at a proficient level for the factor being rated. The employee's performance is inadequate and inferior, and the employee has not achieved the expected level of performance. This rating must be documented by the following:

- A statement of the problem or concern
- The desired improvement
- Suggestions on to how to improve
- Provisions for assisting the employee

6. **Overall Work Performance:** Before an employee can be rated as "Below Standards" on overall work performance solely due to excessive absences, the employee must have been given the opportunity to discuss the reasons for absence and must have been warned that the absences are considered excessive.

If overall work performance is rated as "Below Standards" for reasons other than excessive absences, the evaluator must note on the evaluation whether or not the employee has been previously advised of the specific deficiencies and, if not, the reasons why.

7. **Classification of Position:** If there is doubt whether a job duty is appropriate to the current classification, call the Personnel Commission, Classification Section at (213) 625-6523.