

Performance Evaluation for Classified Hourly Employees

EMPLOYEE NAME	TITLE			LEVEL/STEP	CAMPUS
ADMINISTRATOR	HIRE DATE	EVALUATION TYPE		INCREMENT DATE	DATE ISSUED
		PROB <input type="checkbox"/>	BI-ANNUAL <input type="checkbox"/>		

PERFORMANCE INDICATORS

1. Knowledge of Duties

Demonstrates clear understanding and ability to perform the assigned job duties and has in-depth knowledge and technical expertise. Learns and masters applicable new skills and procedures.

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Good Solid Performance	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Unacceptable
Demonstrates a mastery of breadth and depth of knowledge. Is regarded as an expert.	Has good knowledge of job responsibilities and meets standards.	Deficient in knowledge and has limited awareness of job duties.	Lacks required knowledge to perform job. Work is consistently below standards.

Remarks:

2. Quality of Work/Accuracy

Performs at a high level of competency, accuracy and thoroughness. Uses initiative and creativity as appropriate in providing service.

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Good Solid Performance	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Unacceptable
Demonstrates exemplary work and a high level of accuracy and creativity. Work is consistently of high quality.	Produces quality results. Work is accurate and thorough. Pays attention to detail.	Quality of work is below standard. Requires direction.	Accuracy and competency is not demonstrated. Constant supervision is required.

Remarks:

3. Attendance/Punctuality

Schedules and uses leave in an appropriate manner that is sensitive to the department and workload priorities. Adheres to work schedule; reports to work on time.

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Good Solid Performance	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Unacceptable
Attendance is exemplary and uses good judgment in scheduling leave.	Attendance is reliable and gives proper notice in advance of foreseeable absences.	Frequently late/absent from work and does not use good judgment in scheduling leave.	High absenteeism. Ignores leave guidelines. Absenteeism adversely affects work environment.

Remarks:

4. Cooperative/Team Player

Works well and effectively with others; responsive, positive attitude towards work; ability and willingness to work with associates, administrators and subordinates towards common goals; accommodating and dependable.

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Good Solid Performance	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Unacceptable
Actively works with others to accomplish common tasks and reach goals.	Works well as a team member and contributes to the goal.	Reluctant to perform as team member. Unwilling to work with others towards common goals.	Uncooperative and will not perform as a team member. Action is detrimental to accomplishing goals.

Remarks:

5. Safe Work Habits			
Understanding and application of safe practices; observes safety rules. (i.e., lifting, storing, ergonomics, etc.)			
<input type="checkbox"/> Outstanding	<input type="checkbox"/> Good Solid Performance	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Unacceptable
Models safe work habits. Identifies unsafe conditions and recommends solutions.	Practices safe work habits.	Neglects prescribed safety policies and procedures that define safe work habits.	Puts oneself, others and/or District at serious risk by failing to practice or ignoring safe work habits.
Remarks:			

SUMMARY

Overall Rating Summary and Recommendations:
(To Be Completed by Administrator)

Employee Response/Comments:
(If applicable, employee should list any training requested, special accomplishments and goals for the upcoming year.)

SIGNATURE BLOCK

☐ I agree with this evaluation. ☐ I disagree with this evaluation. ☐ I have read the evaluation and have no comment.

My signature acknowledges that I have read and discussed this evaluation with my administrator. I know that this evaluation will become part of my personnel file and that I have the right to attach written comments within ten days that will also be added to my file.

Employee's Signature _____ Date _____

My signature indicates that I have discussed this Performance Evaluation with the employee.

Administrator's Signature _____ Date _____

Instructions from Administrator to Human Resources					
ACTION RECOMMENDED – PROBATIONARY EMPLOYEE			ACTION RECOMMENDED – PERMANENT EMPLOYEE		
	Annual Evaluation – No Action Required				
	Yes	No		Yes	No
Continuation Recommended	<input type="checkbox"/>	<input type="checkbox"/>	Step Increase Recommended	<input type="checkbox"/>	<input type="checkbox"/>
Step Increase Recommended	<input type="checkbox"/>	<input type="checkbox"/>	Retention Incentive Recommended	<input type="checkbox"/>	<input type="checkbox"/>
Permanence Recommended	<input type="checkbox"/>	<input type="checkbox"/>	Longevity Award Recommended	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal Recommended	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>