Appendix I

**Classified Performance Evaluation**

**College of the Sequoias**

**Classified Performance Evaluation Report and Objective Plan**

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| Employee Name: |       | Classification/Position: |       |
| Date of Evaluation: |   | Probationary | [ ]  Yes [ ]  No |
| Department: |       | Supervisor’s Name: |       |
| Date of last appraisal: |       | Date sent to supervisor |       |
| Evaluation Reminder | [ ]  **1st** | [ ]  **2nd** | [ ]  **3rd** | Due date of this appraisal |       |

|  |  |
| --- | --- |
| 1. Performance deficient and requires immediate improvement
 | 1. Performance frequently exceeds expected standards
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| 1. Improvement needed for performance to meet expected standards
 | 1. Performance consistently exceeds expected standards
 |
| 1. Performance meets expected standards
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| --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **Performance Factors** | **Comments are required for each performance factor.** Attach additional sheets if necessary. Ratings of 1 or 2 must be addressed on the reverse side in “Performance Objectives”. |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **1. quality of work**: Consider extent to which completed work is accurate, well organized, thorough, effective. |       |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **2. quantity of work**: Consider the amount and timeliness of acceptable work produced. |  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **3. working relationships**: Consider extent to which the employee recognizes the needs and desires of other people, treats others with respect and courtesy.1. students
2. co-workers
3. the public
4. supervisors
 |       |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **4. working attitudes**: Consider extent to which the employee learns and applies new ideas and technology, demonstrates interest and initiative and accepts job responsibilities. |       |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **5. organizational and team relationships**: Consider extent to which employee:1. accepts constructive criticism and feedback;
2. keeps supervisor and co-workers advised of problems, ideas or decisions;
3. provides information and assistance to others.

  |       |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **6. work habits**: Consider how the employee:1. effectively organizes work.
2. uses good judgment in analyzing work situations.
3. follows policies and procedures.
4. uses safe work procedures.
5. uses and cares for equipment and materials.
6. dresses appropriately for position, maintains neat and clean appearance.
 |       |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **7. attendance**: Consider unexcused absences; excessive absences (i.e., consistent use of credits as soon as they are earned); absences without sufficient notice; tardiness and pattern absences. |       |

**PERFORMANCE OBJECTIVE PLAN FOR NEXT REVIEW PERIOD**

Performance objectives and plans for achieving objectives should be based on discussion of performance appraisal and supervisor’s expectations for the next review period.

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| **performance objectives** -- Goals for further improvements in job performance during the next evaluation period in order to meet or exceed standards for employee’s present job or to develop employee skills: | **plans for achieving objectives** -- Specific methods by which the employee can work toward accomplishing his/her performance objectives: |
|  |       |       |
|  |       |       |

|  |  |  |
| --- | --- | --- |
| I have participated in a discussion of this evaluation: | [ ]  Yes | [ ]  No |
| I wish to discuss this with the Second Level Supervisor: | [ ]  Yes | [ ]  No |
| Employee’s Signature\*: 🡪 |  | Date:🡪 |  |

**\***It is understood that in signing the Performance Evaluation Report and Objective Plan, the evaluatee acknowledges having seen and discussed the report. The evaluatee’s signature does not necessarily imply agreement with the conclusions of the supervisor.

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| Supervisor’s Signature: 🡪 |  | Date:🡪 |  |
| Location of discussion with employee: 🡪 |  | Date:🡪 |  |
| Second Level Supervisor’s Signature: 🡪 |  | Date:🡪 |  |
| Human Resource Signature: 🡪 |  | Date:🡪 |  |

***Please return the completed evaluation with signatures to the HR Office.***

***Copy will be sent to the Employee***