



**WORK PERFORMANCE EVALUATION**

CLASSIFIED / PROFESSIONAL / CONFIDENTIAL / SUPERVISORY EMPLOYEES / CLASSIFIED MANAGERS

<b>Employee Name (First, M, Last) / Employee G #</b>		<b>Department / Location</b>	<b>Job Title</b>
<b>Supervisor Name</b>		<b>Div./Dept. Administrator Name</b>	
<b>Evaluation Period</b>	<b>FROM:</b>	<b>TO:</b>	<b>Evaluation:</b>
<p>Evaluate employee's performance in present assignment, basing your evaluation on the entire period covered by this appraisal. Mark the most appropriate square. Marks must be substantiated in the appropriate narrative sections if other than Meets Expectations. If this is a 5 month probationary period evaluation, please indicate your views on passing the probationary period.</p>			

Categories	Superior	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory
<b>1. QUALITY OF WORK</b> (Thoroughness and accuracy of work)					
<b>2. QUANTITY OF WORK</b> (Acceptable volume of work)					
<b>3. KNOWLEDGE OF WORK</b> (Understanding of "what" and "why" of all phases of assigned work; ability to grasp new ideas)					
<b>4. DEPENDABILITY</b> (Reliability in completing assignments and instructions; attendance as it impacts performance)					
<b>5. ORGANIZATION OF WORK</b> (Scheduling and organizing daily work)					
<b>6. INITIATIVE</b> (Ability to originate or develop ideas; willingness to do more than regular work, seeks challenges)					
<b>7. COOPERATION &amp; PROFESSIONALISM</b> (Ability to work with and assist others; demonstrates professional work behaviors)					
<b>8. ADAPTABILITY</b> (Ability to adjust to changing conditions)					
<b>9. APPLICATION &amp; USE OF TIME</b> (Attention and application to work)					
<b>10. CONTRIBUTES TO INCLUSIVE ENVIRONMENTS</b> (Demonstrated ability to work with and serve individuals within a diverse community college campus environment)					
<b>11. LEADERSHIP</b> (Ability to lead and train others and achieve results through others) <i>Leave blank if not applicable.</i>					

**STRENGTHS** (Summarize the employee's most significant strengths on the job.)

**TRAINING** (Since the last evaluation, what training or personal development has taken place?)

**AREAS FOR GROWTH AND/OR IMPROVEMENT** (Highlight areas of potential growth which may add to the employee's value to the District. Does the employee show ability to learn and retain new concepts? Summarize any needed improvement. If appropriate, specify recommendations.)

**EVALUATION SUMMARY** (Evaluate how this individual has met the requirements of his/her position during the entire period covered by this review)

**GOALS FOR NEXT YEAR** (If applicable, summarize goals for the coming year.)

Status of Performance Goals from Previous Evaluation Period (If applicable)						Status Categories
	1	2	3	4	5	
1. _____	...	...	...	...	...	1: No Longer Applicable to Current Department Needs
2. _____	...	...	...	...	...	2: Outstanding Dept / Div / District Contribution
3. _____	...	...	...	...	...	3: Successful Completion
4. _____	...	...	...	...	...	4: Needs Improvement / Training
5. _____	...	...	...	...	...	5: Unsatisfactory / Incomplete

**OVERALL PERFORMANCE RATING**

Superior	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory
<b>Next Performance Review Dates:</b> (Regular Employees with two successive "Meets Expectations" or better evaluations shall be evaluated biennially rather than annually.)		1	2	3

**EMPLOYEE ACKNOWLEDGEMENT**

My signature does not necessarily indicate that I agree with the evaluation or its contents, but verifies that my supervisor has discussed this evaluation with me and has given me a copy of this evaluation.

Signature of Employee	Date	
Signature of Supervisor	Date	
Signature of Div./Dept. Administrator	Date	

**Comments:** (Use back of sheet or attach additional pages if necessary.)

**Comments:**