



STATE CENTER  
COMMUNITY  
COLLEGE DISTRICT

FIRST PROBATIONARY ☐  
FINAL PROBATIONARY ☐  
PERMANENT EMPLOYEE ☐

Original HUMAN RESOURCES OFFICE  
Copy #1 EVALUATOR  
Copy #2 EMPLOYEE

### CLASSIFIED EMPLOYEE EVALUATION

EMPLOYEE NAME	POSITION NO.	LOCATION NAME <input type="checkbox"/> DO/District Operations <input type="checkbox"/> FCC <input type="checkbox"/> RC <input type="checkbox"/> MC <input type="checkbox"/> CC/WI <input type="checkbox"/> OC		
POSITION TITLE	SUP/EVALUATOR	IF UNSCHEDULED REPORT CHECK HERE <input type="checkbox"/>	DUE DATE	DATE OF EVALUATION

#### SECTION A Factor Check List.

Immediate Supervisor must check each factor in the appropriate column.

a. Does Not Apply

b. Exceeds Standards

c. Meets Standards

d. Needs Improvement

e. Fails to Meet Standards

- |  |  |  |  |  |                                     |
|--|--|--|--|--|-------------------------------------|
|  |  |  |  |  | 1. Observance of Work Hours         |
|  |  |  |  |  | 2. Attendance                       |
|  |  |  |  |  | 3. Uses Chain of Command            |
|  |  |  |  |  | 4. Compliance with Rules            |
|  |  |  |  |  | 5. Safety Practices                 |
|  |  |  |  |  | 6. Public Contacts                  |
|  |  |  |  |  | 7. Student Contacts                 |
|  |  |  |  |  | 8. Employee Contacts                |
|  |  |  |  |  | 9. Knowledge of Work                |
|  |  |  |  |  | 10. Work Judgments                  |
|  |  |  |  |  | 11. Planning and Organizing         |
|  |  |  |  |  | 12. Job Skill Level                 |
|  |  |  |  |  | 13. Quality of Work                 |
|  |  |  |  |  | 14. Volume of Acceptable Work       |
|  |  |  |  |  | 15. Meeting Deadlines               |
|  |  |  |  |  | 16. Accepts Responsibility          |
|  |  |  |  |  | 17. Accepts Direction               |
|  |  |  |  |  | 18. Accepts Change                  |
|  |  |  |  |  | 19. Effectiveness Under Stress      |
|  |  |  |  |  | 20. Appearance of Work Station      |
|  |  |  |  |  | 21. Operation and Care of Equipment |
|  |  |  |  |  | 22. Work Coordination               |
|  |  |  |  |  | 23. Initiative                      |

#### ADDITIONAL FACTORS

#### ADDITIONAL FACTORS FOR MANAGERS

- |  |  |  |  |  |                                 |
|--|--|--|--|--|---------------------------------|
|  |  |  |  |  | 24. Direction of Personnel      |
|  |  |  |  |  | 25. Scheduling and Coordinating |
|  |  |  |  |  | 26. Training and Instructing    |
|  |  |  |  |  | 27. Productivity                |
|  |  |  |  |  | 28. Evaluating Subordinates     |
|  |  |  |  |  | 29. Judgments and Decisions     |
|  |  |  |  |  | 30. Leadership                  |
|  |  |  |  |  | 31. Operational Economy         |
|  |  |  |  |  | 32. Supervisory Control         |

#### ADDITIONAL FACTORS

SECTION B Record job STRENGTHS and SUPERIOR performance incidents. (Explain Checks in Section A, Column b)

SECTION C Record PROGRESS ACHIEVED in attaining previous set goals for improved work performance, for personal, or job related qualifications.

SECTION D Record specific work performance NEEDING IMPROVEMENT. (Explain checks in Section A, Column d)

SECTION E Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. (Explain checks in Section A, Column e)

SECTION F Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken during next evaluation period.

#### 1. SUPERVISOR/EVALUATOR:

- (A) Recommend employee be retained in probationary status subject to final probationary evaluation. ☐ Yes ☐ No
- (B) Recommend employee be granted permanent status. ☐ Yes ☐ No
- (C) Alternate Series Promotion: Recommend/Do Not Recommend ☐ Yes ☐ No  
(Attach justification for Alternate Series Promotion)

#### SUMMARY EVALUATION – Check overall performance

☐ Fails to Meet Standards ☐ Needs Improvement ☐ Meets Standards ☐ Exceeds Standards

Supervisor/Evaluator \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

#### 2. REVIEWED BY RATER'S SUPERVISOR:

(Prior to meeting with employee)

Rater's Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

#### 3. EMPLOYEE:

I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement and that I have five (5) business days in which to respond.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Checks in Column (b) MUST be explained in Section B.  
Checks in Column (d) MUST be explained in Section D.  
Checks in Column (e) MUST be explained in Section E.

## INSTRUCTIONS FOR THE USE OF THE PERFORMANCE EVALUATION REPORT FORM

General: 1. Markings and comments shall be typed or in ink. The rater shall then review the rating with the employee in a private interview. All signatures shall be in ink. Changes and corrections shall be initialed by the employee.

2. If space for comments is inadequate, similarly dated and signed attachment may be made (either type-written or in ink).

3. **Due dates** shall be observed, and are **particularly important for probationary reports**. Filing dates for these are flexible, and both the first and the final report may be filed at any time between their receipt and the printed date.

4. **All probationers (either new-hire or promotional) shall be evaluated no later than the end of their second full month of probationary service and again after four full months, but no later than the end of the fifth month of such service.** Probationers may be separated (or demoted, if permanent in a lesser class) at any time such action is deemed necessary by the president or immediate supervisor through use of either a scheduled or an unscheduled performance evaluation report.

5. All permanent employees shall be evaluated per the CSEA agreement as of the employee's employment date. Permanent employees may also be separated or demoted, provided that all District procedures are observed.

6. Unscheduled reports may be filed at any time for either permanent or probationary employee if such action is warranted. Evaluation at other than the prescribed time shall have prior approval of the Dean of Human Resources.

7. All performance evaluation reports in an employee's personnel department file are subject to review by managers whenever an employee has applied for transfer or promotion.

SECTION A: Check (X) one column for each factor; Column (a) may be checked when a factor is not considered applicable to a particular job. Additional spaces have been provided to write any additional factor. Each check mark in Column (b) requires specific explanation in Section B. Each check mark in Column (d) requires specific explanation in Section D. Each check mark in Column (e) requires specific explanation in Section E.

SECTION B: Describe outstanding qualities or performances, particularly when checking Column (b).

SECTION C: Use to record progress or improvements in the performance resulting from employee's efforts to reach previously set goals.

SECTION D: Give specific reason to check marks in Column (d).

SECTION E: Give specific reasons for check marks in Column (e). Record here any other specific reasons why employee should not be recommended for permanent status, or- if the employee is already permanent- any specific reasons for required improvement.

SECTION F: Record agreed-upon or prescribed performance goals for the next evaluation period.

SUMMARY EVALUATION: Check the overall performance here, taking into account all factors and total performance over full period of service being evaluated.

**FAILS TO MEET STANDARDS:** Performance clearly inadequate in one or more critical factors as explained or documented in Section E. Total performance periodically or regularly falls short of normal standards.

**NEEDS IMPROVEMENT:** Performance not consistently competent in all critical factors.

**MEETS STANDARDS:** Consistently competent performance meeting or exceeding standards in all critical factors for the position. If margin is narrow and standards barely met, explain in Section D. Most employees would be rated in this category.

**EXCEEDS STANDARDS:** Total performance is well above normal standards for the position. This evaluation should be reflected by marks for critical factors in Section A, and superior or excellent performance must be noted in Section B. **Only a few employees would normally qualify for this rating.**

**SIGNATURES:** Both the rater and the employee shall date and sign the report. The employee's signature indicates that the conference has been held and that he/she had an opportunity to read the report. If he/she refuses to sign for any reason, explain that his/her signature does not necessarily imply or indicate agreement with the report, and that space is provided for him/her to state any disagreement. Further refusal to sign shall be recorded on the report, after which it shall be forwarded. The rater's supervisor shall also sign the report.

**PEAL:** Evaluation reports express the judgment and opinions of the supervisory authority, and as such are not subject to appeal.