

APPENDIX I
El Camino Community College District
Classified Employee Performance Evaluation

Employee Name: _____ Classification: _____

Department/Division: _____ Employment Date: _____ Evaluation Period: _____

Definition of Ratings: E = Exceeds Expectations
 N = Needs Improvement

M = Consistently Meets Expectations
 U = Unsatisfactory

COMMENTS

<p>Quality of Work: Work is accurate, organized and thorough. E M N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>Quantity of Work: Volume of work regularly produced meets job requirements and guidelines, and is an effective use of time. E M N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>Judgment: Proper interpretation of regulations, policies and standards, ability to make sound decisions with limited guidance. E M N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>Working Relations: Works with and through others, works effectively as a part of a group, and protects the confidentiality of sensitive information. E M N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>Initiative: Demonstrates creativity in performing job duties. E M N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>Dependability and Reliability: Carries out the responsibilities of the position with minimal supervision. E M N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>Attendance and Punctuality: Reports to work as scheduled and on time and complies with standards for attendance, rest periods and meal periods E M N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>Safety: Complies with District safety policies and practices. Operates equipment and/or vehicles in a safe manner. Reports unsafe conditions. E M N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>Communication Skills: Conveys and understands policies, procedures and instructions. Presents ideas clearly and concisely, either orally or in writing. E M N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

PROBATIONARY ___ 4 MONTHS ___ 8 MONTHS ___ 11 MONTHS ANNUAL AS NEEDED

Overall Work Performance:

Please check the employee's overall rating.

Exceeds Expectations Consistently Meets Expectations Needs Improvement Unsatisfactory

Employment Recommendation:

It is recommended that the following action be taken with this employee (check the appropriate box)

Probationary Employee Evaluation Period:

- Grant Permanent Status
- Discontinue Employment
- Continue Probationary Period: 4 months _____ 8 months _____ 11 months _____

Permanent Employee Evaluation:

- Continue Permanent Employment
- Reevaluation in 30-90 days
- Recommend Discipline

1. Supervisor's Comments: _____

2. Reviewing Administrator's Comments: _____

3. Employee's Comments: _____

Review:

My signature below signifies that I have read and/or discussed this evaluation with my supervisor. It does not necessarily imply that I agree with the comments of the respective parties.

Employee's Signature Date

Supervisor's Signature Date

Personnel Representative Date

Reviewing Administrator Date

