

APPENDIX E CLASSIFIED EMPLOYEE EVALUATION FORMS

SAN JOAQUIN DELTA COLLEGE CLASSIFIED EMPLOYEE PERFORMANCE APPRAISAL

Employee Name: _____
 Department/Division: _____
 Evaluation period: _____

Probationary 4 months
 Probationary 8 months
 Permanent/Every 2 years
 Promotional Probationary
 Other _____

Classification: _____
 Supervisor Name: _____

- *Ratings criteria:*
 1 – Consistently exceeds expected standards
 2 – Consistently meets and occasionally exceeds standards
 3 – Meets expected standards
 4 – Improvement needed to meet expected standards
- *Comments are encouraged in all areas, or may be included in the form of an attachment. However, ratings of "4" in any category must be supported in the comments section and include a plan for improvement.*
- *The evaluator shall complete this form by indicating the appropriate rating and meeting with the employee to discuss its contents. The form shall be signed and dated by both the employee and the evaluator.*

KNOWLEDGE OF THE JOB

<input type="checkbox"/> 1. Exceptional knowledge of job duties and responsibilities.	<input type="checkbox"/> 2. Effectively understands job duties	<input type="checkbox"/> 3. Understands job duties and responsibilities.	<input type="checkbox"/> 4. Lacks knowledge of job duties and responsibilities. <i>Improvement Plan:</i>
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ABILITY TO WORK AS DIRECTED

<input type="checkbox"/> 1. Consistently carries out job duties and responsibilities as directed. Requires minimum supervision.	<input type="checkbox"/> 2. Consistently carries out job duties and responsibilities as directed with occasional supervision.	<input type="checkbox"/> 3. Consistently carries out job duties and responsibilities as directed with regular supervision.	<input type="checkbox"/> 4. Does not carry out job duties and responsibilities as directed. <i>Improvement Plan:</i>
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JUDGMENT

<input type="checkbox"/> 1. Exceptional judgment in analyzing work situations and taking appropriate action. Extremely self-reliant.	<input type="checkbox"/> 2. Consistently uses effective judgment in meeting the needs of job responsibilities. Minimum supervision required.	<input type="checkbox"/> 3. Uses of judgment on the job meet job responsibilities. Requires some general supervision and direction.	<input type="checkbox"/> 4. Displays judgment which does not meet the needs of job responsibilities. Does best with supervision. <i>Improvement Plan:</i>
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INITIATIVE & ADAPTABILITY			
<input type="checkbox"/> 1. Displays initiative and adaptability; seeks innovative solutions to improve practices and procedures; Self-motivated.	<input type="checkbox"/> 2. Interested in new ideas for improvement. Demonstrates flexibility and willingness to participate in development and implementation.	<input type="checkbox"/> 3. Participates in the implementation of new procedures. Accepts direction	<input type="checkbox"/> 4. Increase initiative and/or adaptability necessary. <i>Improvement Plan:</i>
ORGANIZATIONAL SKILLS & ABILITY			
<input type="checkbox"/> 1. Consistently demonstrates skills at sequencing, prioritizing, and scheduling work. Work is complete, accurate, thorough, and timely.	<input type="checkbox"/> 2. Frequently produces well organized and on time work.	<input type="checkbox"/> 3. Completes work or assigned tasks on time.	<input type="checkbox"/> 4. Frequently unable to complete assigned work within a reasonable time period <i>Improvement Plan:</i>
COMMUNICATIONS & INTERACTIONS WITH OTHERS			
<input type="checkbox"/> 1. Excellent interpersonal skills. Communicates effectively with others and consistently provides personalized assistance of high quality.	<input type="checkbox"/> 2. Good interpersonal and communications skills. Provides consistent information and assistance to others.	<input type="checkbox"/> 3. Consistent and cooperative in communications and interactions with others.	<input type="checkbox"/> 4. Needs to improve communication skills to enhance personal interactions. <i>Improvement Plan:</i>
HEALTH & SAFETY PRACTICES			
<input type="checkbox"/> 1. Complies with all safety practices and utilizes them to perform duties safely.		<input type="checkbox"/> 2. Does not follow safety practices. <i>Improvement Plan:</i>	
ADHERENCE TO WORK SCHEDULE & OVERALL ATTENDANCE (Does not include excused or excluded absences – FMLA, CFRA, PDL, etc.)			
<input type="checkbox"/> 1. Dependable attendance with good adherence to work schedule.		<input type="checkbox"/> 2. Needs improvement. <i>Improvement Plan:</i>	

COMMENDATION: Describe any positive attributes or specific accomplishments that may not have been addressed in above categories.

RECOMMENDATIONS: Identify positive goals and training opportunities for professional/personal development.

OVERALL EMPLOYEE PERFORMANCE RATING

- Performance consistently exceeds expected standards
- Performance consistently meets and occasionally exceeds standards
- Performance meets expected standards
- Improvement needed to meet expected standards

FOR PROBATIONARY EMPLOYEES ONLY

- Continue in Probationary Status
- Recommend Permanent Status
- Do NOT recommend Permanent Status

EMPLOYEE COMMENTS: (attach sheets if needed)

Signature of Supervisor

Date

Signature of Employee

Date

In signing this form, the employee acknowledges having seen and discussed this evaluation. Signature does not necessarily imply agreement, and the employee may attach a written response or request a review in accordance with Section 4.2.5 of the Collective Bargaining Agreement.

Signature of Vice President of Human Resources Date
And Employee Relations

APPENDIX F
PERFORMANCE IMPROVEMENT PLAN

(Not to be used for conduct issues)

Employee Name: _____

Area of Improvement: _____

Please outline minimum performance standard and due dates in this area:

<u>Standards</u>	<u>Due Date</u>
1.	
2.	
3.	
4.	
5.	

What specific action(s) is employee committing to take to meet or exceed minimum standards in this area?

1. _____
2. _____
3. _____
4. _____
5. _____

How will improvement in this area be measured and reported?

Measurement:

Reporting:

What specific actions will the supervisor/manager take to improve employee performance in this area?

What are the consequences of not meeting performance standards by the due date?

When will the supervisor/manager and the employee meet to review progress?

Signature (Employee) Date

Signature (Manager) Date