APPENDIX G PERFORMANCE EVALUATION FOR CLASSIFIED EMPLOYEES

Evaluation Status:	Name		Grade	<u> </u>				
3 month probationary	State Title							
6 month probationary Annual Year	Working Title							
Other Year	Department							
	Anniversary [Date in College Service						
	Anniversary [Date in Working Title						
PART A. DE	FINITION FOR RATING	TO BE APPLIED:						
		IMPROVEMENT: impr	w average per roving and po Many goals un ot performed Not ap	tentia realize	lly ac	ccept man		
COMPETENT: Meets depart	mental standards.	Specific examples must be	e cited in the spa	ce prov	vided i	for co	mmer	nts.
			COMMENDABLE	ABOVE STANDARD	COMPETENT	NEEDS IMPROVEMENT	UNACCEPTABLE	NOT APPLICABLE
A.1. QUALITY AND QUANT						П		
A. Demonstrates knowledB. Performs work with accC. Work is neat and prese	curacy							
D. Work is thorough	IIIabie							
E. Organizes work appropriate amount o								
r. Appropriate amount o	i work accomplished							
Supervisor's Comments								
Employee's Comments								

A.2. WORK HABITS:	COMMENDABLE	ABOVE STANDARD	COMPETENT	NEEDS IMPROVEMENT	UNACCEPTABLE	NOT APPLICABLE
A. Is regular in attendance at work						
B. Observes established working hours						
C. Completes work on time						
D. Demonstrates the ability to work without immediate supervision						
E. Complies with departmental and College policies						
F. Complies with instructions, rules and regulations, including health and safety precautions.						
Supervisor's Comments: Employee's Comments:						
A.3. WORK ATTITUDES: A. Endeavors to improve work techniques						
B. Accepts new ideas and procedures						
C. Accepts constructive criticism and suggestions						
D. Accepts responsibility E. Exercises judgement						
F. Adapts to emergency situations.					\vdash	
Supervisor's Comments:					1	
Employee's Comments:						

	COMMENDABLE	ABOVE STANDARD	COMPETENT	NEEDS IMPROVEMENT	UNACCEPTABLE	NOT APPLICABLE
A.4. PROFESSIONAL RELATIONSHIPS:						
A. Works well with co-workers						
B. Works well with the public						
C. Cooperates with supervisors and other staff members						
D. Observes established channels of communication						
Supervisor's Comments: Employee's Comments:						
A.5. SUPERVISORY ABILITY (where applicable):						
A. Demonstrates leadership ability B. Makes timely decisions						
C. Works effectively in a team environment						
D. Trains and instructs subordinates						
E. Maintains acceptable performance standards among employees						
Supervisor's Comments:						
Employee's Comments:						

COMMENTS OF DEPARTMENTAL SUPERVISOR WHO PERFORMED THIS EVALUATION: **Annual or Other Evaluation** Probationary 3 month & 6 month Evaluation **Recommendation: Recommendation:** Retention ☐ No action required Dismissal Other Signature and Title of Departmental Supervisor Date COMMENTS OF EMPLOYEE:

Signature of Employee (Does not imply Agreement or Disagreement with Evaluation)

PART B.

Date of Discussion with Supervisor

PART C.

Retention No action required	Retention Dismissal Signature Date		
Retention Dismissal Other Signature Date	Retention Dismissal Other Signature Date		
			☐ No action required
AMMERITO OF EACH ESTEE.		MMENTS OF EMPLOYEE.	Signature Date