Classified Employee Performance Evaluation

Travis Unified School District
2751 DeRonde Drive, Fairfield, CA 94533-9710

Human Resources
(707) 437-8207 Fax (707) 437-8122

Name _____ **Job Title** _____ **Location** _____

PROBATIONARY ☐ **First** ☐ **Second** ☐ **Final** **PERMANENT** ☐

RATING GUIDELINES:

MEETS/EXCEEDS STANDARDS: Indicates performance that consistently meets the requirements of the job or exceeds the quality and quantity requirements of the job. Works well with minimum supervision. This rating will be used to describe performance of high quality.

BELOW STANDARDS/NEEDS IMPROVEMENT: Performance is inconsistent and/or below standards. This performance rating requires specific comments regarding how and in what time period performance is to be improved. (This rating requires specific documentation as to how performance is expected to improve.) *REQUIRES A 90-DAY APPRAISAL.*

A. Quality of Work: ***Demonstrates a high level of quality work.***

Thorough/Accurate	**Neatness**	**Dependability**
____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement	____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement	____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement

B. Productivity: ***Demonstrates the ability to use time in an efficient manner and within established guidelines (use the appropriate job description as a guide).***

Accuracy/Neatness	**Consistency**	**Prioritize/ Innovative**
____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement	____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement	____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement

C. Knowledge of Job: ***Demonstrates clear understanding of the responsibilities and duties associated with the job.***

Job Knowledge	**Efficiency**	**Skills**
____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement	____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement	____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement

D. Work Characteristics: ***Demonstrates ability to effectively organize work, care for equipment, work safely, use initiative, and works with minimum supervision.***

Self starter/ Resourcefulness	**Follows policy/ procedures**	**Flexibility/Adaptability** ***(in managing work responsibilities)***
____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement	____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement	____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement

E. Interpersonal Communication: ***Communicates in an effective way that enhances mutual respect with others; that values the diversity of others.***

With students ***(if applicable)***	**With public**	**With co-workers/supervisor**
____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement ____ Does not work with students	____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement	____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement

F. Attendance / Punctuality: ***Schedules and uses leave in an appropriate manner that is considerate of their co-workers and the department's workload priorities. Adheres to work schedule; reports to work on time.***

Adheres to arrival time, rest periods, lunch break, and departure time.	**Attendance**	**Gives proper notice in advance of foreseeable absences and uses good judgment in scheduling leave.**
____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement	____ Attendance Meets Standards ____ Absences Excessive	____ Meets/Exceeds Standards ____ Below Standards/Requires Improvement

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OVERALL PERFORMANCE:

☐ **Meets/Exceeds Standards** ☐ **One or More Category Requires Improvement**

COMMENTS

Overall comments completed by evaluator. Specific recommendation(s) for improvement are required for area rated below standards/requires improvement. If necessary attach additional sheets.

Your Commendation(s) / Recommendation(s) to employee.

Employee Response/Comments:
(If applicable, employee should list any training requested, special accomplishments and goals for the upcoming year.)

ADDITIONAL SHEETS MAY BE ATTACHED IF NECESSARY

My signature acknowledges that I have read and discussed this evaluation with my evaluator. I know that this evaluation will become part of my personnel file and that ***I have the right to attach written comments within ten (10) days that will also be added to my file.***

Employee's Signature **Date**

My signature indicates that I have discussed this ***Classified Employee Performance Evaluation*** *with the employee.*

Administrator's Signature **Date**