PERRIS UNION HIGH SCHOOL DISTRICT

# CLASSIFIED PERFORMANCE EVALUATION

Employee Name:

Title:

Work Site:

Appraisal Period: to

Employment Status

☐ Permanent

☐ Probationary:
- ☐ 2 Month
- ☐ 4 Month
- ☐ 6 Month

| Please read instructions and criteria for evaluation before completing this form. Check the appropriate box indicating the level of performance for each of the following that apply to the work of this employee. | **Outstanding** Regularly exceeds performance standards | **Satisfactory** Regularly meets performance standards | **Needs to Improve** Often does not meet performance standards | **Unsatisfactory** Regularly does not meet performance standards |
|---|---|---|---|---|
| **INITIATIVE –** Extent to which employee applies himself/herself to his/her responsibilities and seeks to improve the level of work by initiating action on his/her own to accomplish the task. | ☐ | ☐ | ☐ | ☐ |
| **QUALITY** – Extent to which employee's work is free from errors and omissions. Employee is capable of effective communication. Employee is capable of expressing thoughts in a logical manner and sequence, using appropriate mechanisms (if applicable). | ☐ | ☐ | ☐ | ☐ |
| **COMPLETENESS AND PRODUCTIVITY** – Extent to which employee's quantity and completion of work is carried through with all details addressed in a timely manner. | ☐ | ☐ | ☐ | ☐ |
| **JOB RELATED KNOWLEDGE AND SKILLS** – Extent to which employee possesses, learns and applies the necessary knowledge and skills to perform the job. | ☐ | ☐ | ☐ | ☐ |
| **SAFETY** – Extent to which employee is knowledgeable of and practices proper rules of safety to protect self and others. | ☐ | ☐ | ☐ | ☐ |
| **ABILITY TO WORK WITH OTHERS** – Extent to which employee willingly cooperates with District employees and the public. Employee adapts with a minimum of difficulty to changing circumstances. | ☐ | ☐ | ☐ | ☐ |
| **ACCOUNTABILITY –** Extent to which employee accepts responsibility for his/her actions. | ☐ | ☐ | ☐ | ☐ |
| **ATTENDANCE/PUNCTUALITY** – Extent to which employee is absent from the job without approval. Employee is prompt during scheduled work periods. | ☐ | ☐ | ☐ | ☐ |
| **SUPERVISORY ABILITY (if applicable) –** Extent to which employee is competent in decision-making, communicating, motivating and directing subordinates. | ☐ | ☐ | ☐ | ☐ |

COMMENDATIONS:

COMMENT REGARDING IMPROVEMENT ("Needs to Improve" and "Unsatisfactory" ratings must be supported by a statement of the facts. Suggestions to aid employee in improving performance must be made.):

| OVERALL RATING (CHECK ONE) | Outstanding | Satisfactory | Needs to Improve | Unsatisfactory |
|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ |

Input Provided By (if applicable) INITIALS

Date

Signature of Evaluator Type Evaluator's Name Here | Title of Evaluator | Date

Signature of Co-Evaluator (if applicable) | Title of Co-Evaluator | Date

Signature of Reviewer (if applicable) | Title of Reviewer | Date

Signature of Employee

Date

This evaluation has been discussed with me. Signing the form does not necessarily mean that I agree with all the ratings. Within ten (10) working days, employee may respond in writing to the evaluation before it is placed in the personnel file. Only the evaluation procedures and not the contents of an evaluation shall be subject to the grievance procedure. An employee who is not satisfied with the contents of a performance evaluation shall, upon his/her written request, be granted a review conference with the Assistant Superintendent, Human Resources. The Assistant Superintendent's decision regarding the disposition of the contents of the evaluation shall be final.

DISTRIBUTION: Classified Human Resources Supervisor Employee