| EMPLOYEE PERFORMANCE EVALUATION | | | Overall Rating: | Commendable | | | | | | |
|---|---|---|--|--------------------------|-------------------------------|---------|--------|-------|--|--|
| | | | Competent Needs Improvement Unsatisfactory | | | | | | | |
| (Inclusive Dates) | | | | | | | | | | |
| | | | Performance Improveme | ent Plan Attached: | | Yes | | No | | |
| (Last Name) | (First Name) | (Middle Initial) | Final (5 month) Position | | (2 years) Change (6 month) | | | | | |
| (Title) | | (Employee ID Number) | Recommended Continued Employment | Off Cycle Follow Up E | val by: | | | | | |
| (College) | | (Work Area) | (Manager) | | | | | | | |
| employee's work p copy of the evalua | performance during the tion placed in their per | | oort are summarized be | low. The emplo | oyee s | shall r | eceiv | ve a | | |
| _ | | e's performance. Under each iod. Indicate level of perfor | • . | | | comp | olishn | nents | | |
| 2 = Needs Improve this evaluation | ement – The employee' n. | consistently satisfactory. 's work needs to improve. A | · | | | | | | | |
| the employee with | a Performance Improv | tem on this report is unsation vement Plan and may scheon nded for continued employ | dule a follow-up evalua | | | | | | | |
| Quality/Quantity | of Work: | | | Ratings: | 4 | 3 | 2 | 1 | | |
| Accuracy, quality | of work product and th | oroughness | | | | | | | | |
| Amount of work p | performed | | | | | | | | | |
| Completion of wo | rk on time | | | | | | | | | |
| Looks for ways to | improve and promote | quality | | | | | | | | |
| Applies feedback | to improve performand | ce | | | | | | | | |
| Monitors own wo | rk to ensure quality | | | | | | | | | |
| Comments: | | | | | | | | | | |

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| ngs: | | | | |
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| Planning | | | | | | |
| Setting an example | | | | | | |
| Making decisions | | | | | | |
| Fairness and impartiality | | | | | | |
| Approachability | | | | | | |
| Comments: | | | | | | |
| Personal Relations | Ratings: | 4 | 3 | 2 | 1 | |
| Meeting and interacting with the public | | | | | | |
| Getting along with fellow employees | | | | | | |
| Personal appearance appropriate for assigned duties | | | | | | |
| OVERALL RATING | | | | | | |
| 4 = Commendable – The employee's work consistently exceeds the sta 3 = Competent – The employee's work is consistently satisfactory. 2 = Needs Improvement – The employee's work needs to improve. 1 = Unsatisfactory – The employee's work is unsatisfactory. | andard for this position. | | | | | |
| This performance evaluation represents my best judgment of this emploses discussed this evaluation with the employee. | oyee's performance. My signature i | ndica | tes I | have | | |
| Immediate Management Supervisor /Evaluator | Date | Date | | | | |
| This performance evaluation has been discussed with me by my Immed does not necessarily mean that I agree with this evaluation. I know this have the right to respond in writing (CSEA/YCCD Contract, Article 8). | _ | | | _ | | |
| Employee | Date | | | | | |

Ratings: 4 3 2 1

Lead Responsibilities (If applicable)