

DATE : _____

PERFORMANCE EVALUATION FOR CLASSIFIED EMPLOYEES (AFSCME)

EVALUATION STATUS	NAME _____
____ 3 month probationary	STATE TITLE _____
____ 5 month probationary	WORKING TITLE _____
____ ANNUAL _____	DEPARTMENT _____
____ (Year)	ANNIVERSARY DATE IN CAMPUS SERVICE _____
____ OTHER _____	ANNIVERSARY DATE IN WORKING TITLE _____

DEFINITION FOR RATING TO BE APPLIED

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|----------------------------|--|
| 1. OUTSTANDING | Reflects extraordinary performance in all categories. |
| 2. EXCEEDS STANDARDS | Reflects extra effort and produces results beyond expectations and requirements. |
| 3. MEETS STANDARDS | Accomplished goals; meets departmental standards. |
| 4. NEEDS IMPROVEMENT | Below average performance, but potentially acceptable. |
| 5. DOES NOT MEET STANDARDS | Many goals unrealized or many tasks not performed. |
| 6. NOT APPLICABLE | Not applicable to the job. |

1 O U T S T A N D I N G	2 E X C E E D S S T A N D A R D S	3 M E E T S S T A N D A R D S	4 N E E D S I M P R O V E M E N T	5 D O E S N O T M E E T S T D S	6 N O T A P P L I C A B L E
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SPECIFIC EXAMPLES MAY BE CITED IN THE SPACE PROVIDED FOR COMMENTS AND MUST BE CITED WHEN CATEGORIES 4 or 5 ARE CHECKED.

QUALITY AND QUANTITY OF WORK

A. Demonstrates knowledge of the job						
B. Amount of work accomplished						
C. Performs work with accuracy						
D. Work is neat and presentable						
E. Work is thorough						
F. Organizes work appropriately						

SUPERVISOR'S COMMENTS:

EMPLOYEE'S COMMENTS:

	1 O U T S T A N D I N G	2 E X C E E D S S T A N D A R D S	3 M E E T S S T A N D A R D S	4 N E E D S I M P R O V E M E N T	5 D O E S N O T M E E T S T D S	6 N O T A P P L I C A B L E
WORK HABITS						
A. Is regular in attendance at work						
B. Observes established working hours						
C. Completes work on time						
D. Demonstrates the ability to work without supervision						
E. Compiles with departmental and institutional policies						
F. Compiles with instructions, rules and regulations, including health and Safety precautions						
SUPERVISOR'S COMMENTS:						
EMPLOYEE'S COMMENTS:						
WORK ATTITUDES						
A. Endeavors to improve work techniques						
B. Accepts new ideas, procedures						
C. Accepts constructive criticism and suggestions						
D. Accepts responsibility						
E. Adapts to emergency situations.						
SUPERVISOR'S COMMENTS:						
EMPLOYEE'S COMMENTS:						

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RELATIONSHIPS WITH OTHERS						
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:						
SUPERVISOR ABILITY(where applicable)						
A. Demonstrates leadership ability						
B. Makes timely decisions						
C. Is fair and impartial in relationship with subordinates						
D. Trains and instructs subordinates						
E. Maintains acceptable performance standards among employees.						
SUPERVISOR'S COMMENTS:						
EMPLOYEE COMMENTS:						

COMMENTS OF SUPERVISOR WHO PERFORMED THIS EVALUATION

Recommendations:

_____ Retention(probationary)

_____ Dismissal(probationary)

_____ No action required

_____ Other _____

Signature and Title

Date

COMMENTS OF EMPLOYEE:

Date of Discussion with Supervisor

Signature of Employee Being Evaluated
(Does not imply agreement or disagreement with evaluation)

COMMENTS OF INTERMEDIATE SUPERVISION/HUMAN RESOURCES OFFICE REVIEWING EVALUATION:

For puposes of granting the Merit component for Articles 17 and 31,the following shall be completed:

____ Outstanding ____ Exceeds Standards ____ Meet Standards ____ Does not meet Standards

Recommendations:

_____ Retention(probationary)

_____ Dismissal(probationary)

_____ No action required

_____ Other _____

Signature and Title

Date

COMMENTS OF EMPLOYEE:

I have read the comments of my supervisor and intermediate supervisor

Signature of Employee

Date