

DATE : _____

PERFORMANCE EVALUATION FOR CLASSIFIED EMPLOYEES (IBPO)

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

DEFINITION FOR RATING TO BE APPLIED

4.EXCELLENT	Accomplished all goals or performed tasks and excels in a substantial manner
3.ABOVE STANDARD	Performs all tasks above departmental standards
2.GOOD(Standard)	Average performance;meets departmental standards.
1.BELOW STANDARD	Below average performance but improving and potentially acceptable.
0.*UNSATISFACTORY	Many goals unrealized or many tasks not performed.
NOT APPLICABLE	Not applicable to the job.

E X C E L L E N T	A B O V E S T A N D A R D	G O O D	B E L O W S T A N D A R D	U N S A T I S F A C T O R Y	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

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:

	E X C E L L E N T	A B O V E S T A N D A R D	G O O D	B E L O W S T A N D A R D	U N S A T I S F A C T O R Y	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. Complies with departmental and institutional policies						
F. Complies 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:						

	E X C E L L E N T	A B O V E S T A N D A R D	G O O D	B E L O W S T A N D A R D	U N S A T I S F A C T O R Y	N O T A P P L I C A B L E
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 PERSONNEL OFFICE REVIEWING EVALUATION:

For purposes of granting the Inservice Recognition/Merit component for Article 12A, the following shall be completed:

____ Exceeds Expectations ____ Meets Expectations ____ Fails to meet expectations

Recommendations:

_____ Retention(probationary)

_____ Dismissal(probationary)

_____ No action required

_____ Other _____

_____ Point Average for Merit Purposes

Signature and Title

Date

COMMENTS OF EMPLOYEE:

I have read the comments of my supervisor and intermediate supervisor

Signature of Employee

Date