

CLASSIFIED STAFF PERFORMANCE APPRAISAL

Last Name First Name						е			D	ate							
																	2 Month Drobation
Clas	s Title	е						Depa	rtment								3-Month Probation6- Month Probation
														_	9- Month Probation		
Length of time you have supervised employee For probationary em						y emp	nployee appraisal: Do you recommend that this employee be retained					d?		Annual Appraisal			
Years Months						Yes □ No □											
					Instr			to bo	evaluated in conjunct	ion with the or	0001	ntial fu	unations of b	io/bor			
					•				otion. Read the essen								
			nt Needed		•				standards of performance and check the appropriate box indicating the ance for the standards that apply.					€			
	dard			ory	•					ext to the standard to explain your rating.							
ent	• All ratings below the evaluation and						"Standard" must be supported by a statement of facts. "Standard" must be discussed with the employee prior to										
xcell							id supported by a statement of facts. ecial commendation should also be made.										
	$\frac{1}{\Box}$												Commont	<u> </u>			
LI Sugar	L Sotod	LJ Stor	L dord	LJ of B	Knowledge	of W	ork					,	Comment	5			
					<u>'erformance</u> on of department and (college	э.										
					standing of all job duti owledge of all job dution												
,					<u> </u>												
Sugar	ப ested	Stan	ш dards	ப s of P	 Quality of W erformance 	ork											
•	Work	is co	onsist	ently	thorough.												
					rk and shows care in it eat and presentable.	s prep	aration.										
					3. Productivity	,											
Sugge	ested	Stan	dards	s of P	erformance												
		urce		ııma	of work.												
					opriately.												
					4. Dependabil	itv											
Suggested Standards of Performance																	
 Prompt and regular in attendance. Ready to begin duties at the assigned hour. 																	
 Ready to begin duties at the assigned hour. Meets expectations regarding meal and break periods. 																	
					5. Communica	ation	Skills										
Suggested Standards of Performance																	
Speaks effectively and clearly.Writes in a clear, well-organized manner.																	
•	Liste	ns ca	refull	y and	I follows instructions.												
Ш	Ш	Ш	Ш	Ш	6. Initiative												
Suggested Standards of Performance Identifies issues & initiates solutions when possible.																	
					and assignments willi		ne.										
	_		$\overline{}$	$\overline{}$													
	□ . ·	<u></u>	Ш 	⊔ 	7. Interperson	al Re	lations										
					<u>'erformance</u> nts, fellow staff, supervi:	sor and	d the public.										
 Demonstrates sensitivity to diversity. Accepts direction. 																	
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Succ	سا	Ston	L Idard	L Total	 Professional Performance 	lism											
•	Resp	ects	and n	naint	ains confidentiality.												
Exhibits honesty and integrity.Is cooperative, polite and tactful.																	
П	П	. · ·	<u> </u>	П		tions											
Suga	— ested	Stan	 ndards	一 s of P	 Safety Practerformance 	uces											
•	Oper	ates	& car	es fo	r equipment in a safe r												
					es to applicable safety ditions.	piaul	10 6 3.										
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Staff Development Plan (optional) Staff Development Recommendations		
Stair Development Recommendations		
Development Plan/Approach		
Results Timeline		
Development Plan 1: Based on improvement needs. (A separate plan Development Need	n is required for each rating below <i>Standard</i> .)	
Development Plan/Approach		
Results Timeline		
		1
Development Plan 2: Based on improvement needs. (A separate plan Development Need	n is required for each rating below Standard.)	
Development Plan/Approach		
Results Timeline		
	Soo pag	e 3 for additional plans.
Signatures	See pay	e 3 ioi additional pians.
Supervisor's (Evaluator) Signature	Title	Date
This report has been discussed with me. Signing this form does not necessarily mean that	Lagree with all the ratings. I understand that I have the right	ht to submit a
response to my rating within 10 working days. This response is to be attached to my evalue Employee's Signature	uation and placed in my personnel file.	
	I agree with the evaluation I disagree with the evaluation and may respond.	Date
Immediate Supervisor of Evaluator's Signature	Title	Date

Development Plan 3: Based on improvement needs. (A separate plan is required for each rating below <i>Standard</i> .) Development Need	
Development Need	
Development Plan/Approach	
Results Timeline	
Development Plan 4: Based on improvement needs. (A separate plan is required for each rating below <i>Standard</i> .) Development Need	
Development Need	
Development Plan/Approach	
Results Timeline	
inesults timeline	
Dayalanment Dlan 5: Paged an improvement needs. (A congrete plan is required for each rating helpy. Standard)	
Development Plan 5: Based on improvement needs. (A separate plan is required for each rating below <i>Standard</i> .) Development Need	
Development Plan/Approach	
Results Timeline	
Development Plan 6: Based on improvement needs. (A separate plan is required for each rating below <i>Standard</i> .) Development Need	
Development Need	
Development Plan/Approach	
Results Timeline	