

**GLENDALE COMMUNITY COLLEGE
CLASSIFIED EMPLOYEE PERFORMANCE EVALUATION**

Name: _____	Job Title: _____
Dept: _____	Evaluation Period: _____
	Next Evaluation Period: _____

Employee Status:	Type of Evaluation:
<input type="checkbox"/> Permanent	<input type="checkbox"/> Regular <input type="checkbox"/> Unscheduled
<input type="checkbox"/> Probation	<input type="checkbox"/> 2 month <input type="checkbox"/> 5 month (Final)
	<input type="checkbox"/> Extension Date extended until: _____
	<input type="checkbox"/> Did not pass probation

Factor:	Performance Rating	
Indicate the performance rating by selecting the appropriate box for each factor.	Exceeds	Use comments to describe employee's strengths and weaknesses. A rating of "Unsatisfactory" requires a "Plan for Improvement" (see page 2). Additional comments may be attached on a separate sheet of paper.
	Meets	
	Needs Improvement	
	Unsatisfactory	
	Not applicable	

Overall Performance Rating:

	Exceeds	Meets	Needs Improvement	Unsatisfactory	Not applicable	Comments:
1 QUALITY OF WORK						
Accurate, neat, thorough						
Complies with applicable procedures						
2 QUANTITY OF WORK						
Completes work as scheduled						
Handles a variety of tasks/projects						
3 WORK HABITS						
Attendance, observes work hours						
Observes safety rules & regulations						
Complies with work instructions						
Applies knowledge of applicable policies and procedures						
Organizes and completes work within established deadlines						
4 PERSONAL RELATIONS						
Interacts professionally and effectively with others						
Professional Presentation						
Manages difficult situations/people						
5 INITIATIVE						
Adapts to new situations or new work methods						
Performs duties with minimal instruction						
Performs duties with minimal supervision						
Inform supervisor of work status						
6 KNOWLEDGE						
Knowledge of job related laws, policies, procedures, and principles						
Understands related job tasks						
Provides accurate and appropriate information to inquiries						
7 COMMUNICATION						
Clear and concise verbal and written communication						
Uses appropriate tone and non verbal cues when communicating with others						
Respectfully listens to others						
8 SUPERVISORY ABILITY						
Provides effective work direction and appropriate feedback						
Supervises student workers						

Name: _____

Job Title: _____

Complete Section 1 (if applicable) by indicating any special projects, assignments, and/or training related to the employee's job and/or institutional/programmatic goals. Section 2 is required to be completed and include a Plan for Improvement for all "Unsatisfactory" performance ratings. Additional comments may be attached on a separate sheet of paper.

Section 1:

Indicate the employee's accomplishments (i.e. special projects, assignments, and/or training) during this evaluation period.

Section 2:

Plan for Improvement, if applicable (required for all "unsatisfactory" ratings).

Additional comments:

Employee's Signature: _____

Date: _____

Manager's Name: _____

Manager's Signature: _____

Date: _____

Note: Signing this form does not imply agreement with the content of the evaluation. The employee may submit a written response to this evaluation.

Send original to Human Resources Department. Make one copy for employee.