



## CLASSIFIED PERFORMANCE EVALUATION

<b>Employee Name:</b>			
<b>Position:</b>			
<b>Probationary:</b>	<input type="checkbox"/> First	<input type="checkbox"/> Second	<b>Permanent*:</b> <input type="checkbox"/> Scheduled <input type="checkbox"/> Off-Cycle <input type="checkbox"/> Longevity
<b>Department:</b>			<b>Supervisor:</b>
<i>*Evaluation for permanent employee conducted every two years.</i>			
<b>Definition of Ratings:</b> (4) Exceeds Expectations (3) Meets Expectations (2) Needs Improvement (1) Unsatisfactory			
PERFORMANCE FACTORS	RATING	COMMENTS	
<b>1. Work Quality:</b> Consider the extent to which work is accurate, neat, well organized, and thorough.			
<b>2. Working Relations:</b> Measurement of ability to work with and through others. Ability to work effectively as part of a group.			
<b>3. Meeting Work Commitments:</b> Extent to which the employee completes work assignments and follows established procedures.			
<b>4. Demonstration of Initiative:</b> Extent to which the employee shows ingenuity in initiating job duties. Readiness to take action.			
<b>5. Dependability and Reliability:</b> Can be relied upon to carry out responsibilities of the position with minimal supervision.			
<b>6. Attendance &amp; Punctuality:</b> Consider the employee's attendance and tardiness.			
<b>7. Safety:</b> Complies with District safety policies and practices. Operates equipment and/or vehicles in a safe manner. Reports any unsafe conditions.			
<b>8. Communication Skills:</b> Ability to get a verbal or written message across in a clear, organized, and appropriate manner. Ability to understand instructions.			

**A. Employee Strengths:** Discuss areas in which the employee has demonstrated significant strengths or abilities and include goals (i.e. professional development). *(Attach additional pages if needed)*

**B. Improvement Needs:** Based on overall performance, discuss areas in which employee demonstrates need for improvement. *(Attach additional pages if needed)*

**C. Overall Rating:**  (4) Exceeds Expectations  (3) Meets Expectations  (2) Needs Improvement  (1) Unsatisfactory

**Definition of Ratings:** (4) Exceeds Expectations (3) Meets Expectations (2) Needs Improvement (1) Unsatisfactory  
*If Overall Rating is (1) Unsatisfactory or (2) Needs Improvement, a **Classified Improvement Plan** must be completed and attached.*

**Employee's Comments:** *(attach additional sheet if needed)*

*Signature by employee indicates he/she has read and received the performance evaluation.*

\_\_\_\_\_  
**Employee's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Evaluator's (Supervisor) signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Administrator's signature**

\_\_\_\_\_  
**Date**

**Cuesta College  
Plan of Improvement**

The purpose of this form is to create an action plan for improving any areas marked needing improvement or unsatisfactory on the Classified Evaluation Form. Please attach this plan to the evaluation form.

<b>Focus Area:</b>  <input type="checkbox"/> 1. Work Quality <input type="checkbox"/> 2. Working Relations <input type="checkbox"/> 3. Meeting Work Commitments <input type="checkbox"/> 4. Demonstration of Initiative <input type="checkbox"/> 5. Dependability and Reliability <input type="checkbox"/> 6. Attendance & Punctuality <input type="checkbox"/> 7. Safety <input type="checkbox"/> 8. Communication Skills	<b>Comments:</b> <i>(taken from the Classified Evaluation Form):</i>  	
<b>Plan to improve focus area(s) marked above:</b> <i>(attach additional pages if needed)</i> Refer to Article 10.1.3.2 for the development of the Plan of Improvement.		
Strategies – what do you expect to see?		
Techniques – what will be done to reach the expected outcomes?		
Evidence – what will be used to indicate progress?		
What assistance/resources will be provided?		
I understand that this improvement plan will be attached to my evaluation and that my next evaluation will be completed within ninety (90) days from this evaluation and will indicate my level of progress on the improvement plan.		
_____ <b>Employee's signature</b>	_____ <b>Date</b>	
_____ <b>Evaluator's (Supervisor) signature</b>	_____ <b>Date</b>	
<b>Improvement Plan follow up</b>		
<input type="checkbox"/>	Employee has satisfactorily met the terms of the improvement plan.	
<input type="checkbox"/>	Employee has not satisfactorily met the terms of the improvement plan <i>(attach comments/narrative).</i> An off-cycle evaluation will be completed within 60 days:	<b>(Date of Off-cycle Evaluation)</b>