



Chabot-Las Positas College Community District

CONFIDENTIAL/SUPERVISORY EMPLOYEE PERFORMANCE EVALUATION

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| Employee Name (First, Middle, Last): | |
| Employee Position Title: | Supervisor: |
| Please Check Type of Report Probation: <input type="checkbox"/> 3-mo <input type="checkbox"/> 5-mo <input type="checkbox"/> Annual <input type="checkbox"/> Special | Evaluation Period: From _____ to _____ |
| <p>Evaluation Purpose:</p> <p>Recognizing that employees comprise the District’s most valuable resource, performance evaluations encourage excellence by providing a written assessment of work performance. The performance evaluation system is designed to communicate performance standards for the position and encourage growth and improvement of performance for the future.</p> <p>Evaluation Procedures for the Supervisor:</p> <p>As you evaluate the employee’s performance in his or her present assignment, base your review on the entire evaluation period and job description for the employee’s classification. Consider each category and mark the box that most closely represents the employee’s performance throughout the evaluation period. If the employee’s performance is below “Meets Expectations” it must be substantiated in the appropriate narrative sections on pages 3-4.</p> <p>General Directions:</p> <ol style="list-style-type: none"> 1. Supervisor and employee must sign and date the evaluation form, with one original and two copies per the distribution list below. If additional space is required for comments, please attach additional sheets. 2. Distribution: <ol style="list-style-type: none"> a. Third copy: Supervisor will give one copy to employee at time of evaluation conference. b. Second copy: Supervisor send original and second copy to next higher person in the administrative channel for review (sign/date all copies). c. Reviewer send original, signed and dated, to the President/Vice Chancellor/Chancellor then to the Vice Chancellor, Human Resources for processing and appropriate action. This original is for permanent retention in the employee's personnel file. 3. SPECIAL EVALUATION: Special evaluation reports may be made at anytime other than the specified times when such are deemed necessary by the Supervisor or Manager. | |

| Categories | Exceeds Expectations | Meets Expectations | *Needs Improvement | *Unsatisfactory |
|--|--|---|--|---|
| <i>As you evaluate the employee's performance in his or her present assignment, base your review on the entire evaluation period and the job description for the employee's classification. Mark the most appropriate box. If the employee's performance is below "Meets Expectations" it must be substantiated in the appropriate narrative sections on page 3.</i> | Performance is exemplary much of the time. | Performance is competent, reliable and meets standards. | Performance is below job requirements. | Performance is repeatedly below job requirements. |
| Quality of Work (Thoroughness and accuracy of work) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quantity of Work (Acceptable volume of work) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge of Work (Demonstrated knowledge and understanding of all phases of this job and closely-related matters) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability (Reliability in completing assignments and instructions) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance and Punctuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization of Work and Time Management (Demonstrated efficiency in prioritizing, organizing and scheduling daily work; attention and application to work; minimal distractions) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative (Demonstrated ability to originate or develop ideas for improving efficiency/productivity, seek challenges) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation and Professionalism (Demonstrated ability to work with and assist others; demonstrates professional work behaviors) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership (If applicable) (Leads in a manner that promotes productive and quality work; motivates others to realize their potential) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Status of Goals from Previous Evaluation Period

| Goal | Status <i>(See key below)</i> |
|-------------|---|
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| | |

Please attach sheet if more room is needed for comments.

Key:

- 1: No Longer Applicable to Current Department Needs*
- 2: Outstanding Department/Division/College/District Contribution*
- 3: Successful Completion or on track for timely completion.*
- 4. Needs Improvement*
- 5. Unsatisfactory/ Incomplete*

| Category | Comment Section |
|---|------------------------|
| <p>Training and/or Professional Development (If applicable) (Since the last evaluation, what training or professional development has been completed or is in process.)</p> | |
| <p>Adaptability (Demonstrates the ability to learn new tasks, develop new skills and to accept new ideas as the work environment changes over time)</p> | |
| <p>Strengths (Summarize the employee's significant strengths on the job)</p> | |
| <p>Areas for Growth (If applicable, highlight areas of potential growth that may enhance the employee's contributions to his/her work unit, College and/or CLPCCD)</p> | |
| <p>Narrative for "Needs Improvement" or "Unsatisfactory" rating(s). (If appropriate, provide recommendations or improvement plan as needed)</p> | |

Please attach sheet if more room is needed for comments.

Goals for Next Year

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Please attach sheet if more room is needed for comments.

SUPERVISOR'S RECOMMENDATION

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | A <i>End of 3-Month Probationary Period.</i> | <i>This employee should continue probationary employment or, if applicable, subject to recommendation in Item E below.</i> |
| <input type="checkbox"/> | B <i>End of 5-Month Probationary Period.</i> | <i>This employee should continue probationary employment or, if applicable, subject to recommendation in Item E below.</i> |
| <input type="checkbox"/> | D <i>Probationary Release</i> | <i>Employee is not recommended for continued employment.</i> |
| <input type="checkbox"/> | E <i>Pursuant to Article 9.3, "Special evaluation reports may be made when such are deemed necessary by the assigned supervisor, manager or employee."</i> | <i>Proposed Date of Special Evaluation</i> |

SIGNATURES

A. Employee: I have read and received a copy of this Performance Evaluation Report. In signing this report I acknowledge that I have read it and understand the contents. My signature does not necessarily indicate agreement. I understand that I have five (5) working days, after signing this evaluation, to submit a written response and/or a written request for review.

_____ Optional employee self assessment completed and attached

Signature – Employee

Date

B. Supervisor: I have discussed this evaluation with the employee on date indicated.

Signature – Supervisor

Date

C. Reviewed by:

Signature – Manager (e.g., Dean)

Date

Signature – Manager (e.g., Vice President)

Date

D. For Appropriate Action:

Signature – President/Vice Chancellor/Chancellor

Date

Signature – Human Resources

Date