

# CLASSIFIED EMPLOYEES PERFORMANCE EVALUATION

Name:		Class Title:	
Location:		Reporting Period (circle):	3 mo 6mo 10mo Ann

**Check only those factors which apply to the employee's position**

**Exceeds** Work Performance Standards

**Meets** Work Performance Standards

**Below** Work Performance Standards

Please give reasons for rating and indicate superior qualities or suggestions made to employee on how to improve.

<b>1.</b>	<b>QUALITY OF WORK</b>				
	a. Job Knowledge	a.			
	b. Accuracy	b.			
	c. Neatness	c.			
	d. Thoroughness	d.			
<b>2.</b>	<b>QUANTITY OF WORK</b>				
	a. Volume of output	a.			
	b. Extent to which work schedules are met	b.			
<b>3.</b>	<b>WORK HABITS AND ATTITUDES</b>				
	a. Dependability	a.			
	b. Punctuality	b.			
	c. Orderliness	c.			
	d. Compliance w/instructions, rules, regulations	d.			
	e. Ability to work without immediate supervision	e.			
<b>4.</b>	<b>PERSONAL QUALITIES</b>				
	a. Judgment	a.			
	b. Initiative	b.			
	c. Adaptability to emergencies and new situations	c.			
<b>5.</b>	<b>RELATIONSHIPS WITH OTHERS</b>				
	a. Employees	a.			
	b. Pupils	b.			
	c. Public	c.			
<b>6.</b>	<b>ATTENDANCE / PUNCTUALITY</b>				
	a. Attendance	a.			
	b. Punctuality	b.			
<b>7.</b>	<b>ADDITIONAL FACTORS</b> (not considered above)				
	a.	a.			
	b.	b.			
<b>8.</b>	<b>OVERALL WORK PERFORMANCE</b>				

**To Be Used For Probationary Employees Only:**  
**RECOMMEND FOR PERMANENT STATUS (circle one)? YES NO**

It is understood that, in signing the Performance Evaluation Form, the employee acknowledges having seen and discussed the report. The employee's signature does not necessarily imply agreement with conclusions of the supervisor. An employee shall have fifteen (10) working days after receipt of the performance evaluation to attach any statement or documents that relate to the evaluation.

Signature of Evaluator  
 Date: \_\_\_\_\_

Signature of Employee  
 Date: \_\_\_\_\_

Signature of Department Head  
 Date: \_\_\_\_\_