

**PERFORMANCE EVALUATION FOR PROBATIONARY CLASSIFIED EMPLOYEES
CITRUS COMMUNITY COLLEGE DISTRICT**

Employee Name: _____ Position: _____ Due Date: _____

Probationary Period (Please check one): 3 months _____ 6 months _____ 9 months _____ 12 months _____

Report from (month and year): _____ To (month and year): _____

(Indicate actual dates during which employee was under your supervision.)

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

Exceeds Work Performance Standards
Meets Work Performance Standards
Below Work Performance Standards

↓ ↓ ↓

If "Below Work Performance Standards" or "Exceeds Work Performance Standards" is checked, please give your reasons for this rating. If "Below", indicate suggestions made to the employee on how to improve.

1. QUALITY OF WORK

Consider:

- | | | | | |
|------------------|----|-------|-------|-------|
| a. Job knowledge | a. | _____ | _____ | _____ |
| b. Accuracy | b. | _____ | _____ | _____ |
| c. Neatness | c. | _____ | _____ | _____ |
| d. Thoroughness | d. | _____ | _____ | _____ |

Suggestions or comments made by supervisor.

2. QUANTITY OF WORK

Consider:

- | | | | | |
|--|----|-------|-------|-------|
| a. Volume of output | a. | _____ | _____ | _____ |
| b. Extent to which work schedules are met. | b. | _____ | _____ | _____ |

Suggestions or comments made by supervisor.

3. WORK HABITS AND ATTITUDES

Consider:

- | | | | | |
|--|----|-------|-------|-------|
| a. Dependability | a. | _____ | _____ | _____ |
| b. Punctuality | b. | _____ | _____ | _____ |
| c. Attendance | c. | _____ | _____ | _____ |
| d. Orderliness | d. | _____ | _____ | _____ |
| e. Compliance with, instructions, rules, and regulations | e. | _____ | _____ | _____ |
| f. Ability to work without immediate supervision. | f. | _____ | _____ | _____ |

Suggestions or comments made by supervisor.

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4. **PERSONAL QUALITIES**

Consider:

- | | | | | |
|---|----|-------|-------|-------|
| a. Judgment | a. | _____ | _____ | _____ |
| b. Initiative | b. | _____ | _____ | _____ |
| c. Adaptability to emergencies and new situations | c. | _____ | _____ | _____ |
| d. Appearance | d. | _____ | _____ | _____ |

Suggestions or comments made by supervisor.

5. **RELATIONSHIPS WITH OTHERS**

Consider:

- | | | | | |
|--------------|----|-------|-------|-------|
| a. Employees | a. | _____ | _____ | _____ |
| b. Students | b. | _____ | _____ | _____ |
| c. Public | c. | _____ | _____ | _____ |

Suggestions or comments made by supervisor.

6. **SUPERVISORY ABILITY** (if applicable)

Consider:

- | | | | | |
|-------------------------------|----|-------|-------|-------|
| a. Leadership | a. | _____ | _____ | _____ |
| b. Fairness and impartiality | b. | _____ | _____ | _____ |
| c. Decision making | c. | _____ | _____ | _____ |
| d. Training and instructing | d. | _____ | _____ | _____ |
| e. Planning and assigning | e. | _____ | _____ | _____ |
| f. Disciplinary control | f. | _____ | _____ | _____ |
| g. Evaluating performance | g. | _____ | _____ | _____ |
| h. Ability to get to work out | h. | _____ | _____ | _____ |

Suggestions or comments made by supervisor.

7. **ADDITIONAL FACTORS**

Please identify additional factors not specifically considered above:

- | | | | | |
|----------|----|-------|-------|-------|
| a. _____ | a. | _____ | _____ | _____ |
| b. _____ | b. | _____ | _____ | _____ |

Suggestions or comments made by supervisor.

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

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8. OVERALL WORK PERFORMANCE

Recommendation by supervisor preparing *First Probationary Evaluation*:

It is recommended that this employee be:

- a. retained in a probationary status, subject to a final probationary evaluation. _____
- b. terminated from this position _____

My signature below is an acknowledgement that I have seen and discussed this evaluation, but it does not necessarily imply agreement with the conclusions of the supervisor.

Signature of Employee

Signature of Supervisor Title Date

Signature of Reviewer Title Date

Once the evaluation has been completed and signed, please make one copy for the employee, one copy for the supervisor, and return the original to the Office of Human Resources.