

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

Employee Name: _____ Position: _____

Due Date: _____ 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 reason(s) 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.

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 reason(s) for this rating. If "Below", indicate suggestions made to the employee on how to improve.

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 & impartiality | b. | ___ | ___ | ___ |
| c. Decision making | c. | ___ | ___ | ___ |
| d. Training & instructing | d. | ___ | ___ | ___ |
| e. Planning & assigning | e. | ___ | ___ | ___ |
| f. Disciplinary control | f. | ___ | ___ | ___ |
| g. Evaluating performance | g. | ___ | ___ | ___ |
| h. Ability to get work out | h. | ___ | ___ | ___ |

Suggestions or comments made by supervisor.

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 reason(s) for this rating. If "Below", indicate suggestions made to the employee on how to improve.

Suggestions or comments made by supervisor.

7. ADDITIONAL FACTORS

Please identify additional factors not specifically considered above

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

8. OVERALL WORK PERFORMANCE

CLASSIFICATION OF POSITION: To the best of your knowledge and belief, do the primary duties of this employee fall within his/her assigned class? If either indicates "NO", he/she must attach a statement listing duties and responsibilities considered inappropriate to the class. Do not answer "NO" if the employee is granted extra pay (leadman pay, etc.) for such duties.

	YES	NO
Supervisor	_____	_____
Employee	_____	_____

Signature of Supervisor _____ Title _____ Date _____

Signature of Reviewer (optional) _____ Title _____ Date _____

Signature of Employee _____ Date _____

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 the conclusions of the supervisor. If he/she so desires, the employee may attach a written statement.

Any written comments made by the Reviewer shall be discussed with the Supervisor and the Employee. 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,