

### Santa Barbara Community College District Classified Employee Evaluation

Employee Name \_\_\_\_\_ Classification \_\_\_\_\_ Last Evaluation Date \_\_\_\_\_

Department/Division \_\_\_\_\_ Employment Date \_\_\_\_\_ Evaluation Period \_\_\_\_\_

Permanent Employee (Annual)  Special Evaluation  3<sup>rd</sup> month Promotional  5<sup>th</sup> month Promotional

Probationary Employee  1st Month  3rd Month  5th Month (Determine Permanency)

Review the dimensions of performance: under each category, comment on the employee's accomplishments and challenges during the evaluation period. Indicate the level of performance achieved using the following scale:

- 5=Outstanding (Consistently exceeds expectations)
- 4=Exceeds Expectations (Often exceeds expectations)
- 3=Meets Expectations (Performs according to job description)
- 2=Needs Improvement (Improvement necessary to meet performance standards)
- 1=Unsatisfactory (Fails to meet acceptable performance standards)

**PLEASE NOTE: Individual category ratings must be in whole numbers**

1) **Quality of Work:** Demonstrates satisfactory knowledge of the job. Performs work with acceptable accuracy and is thorough in the work done. Displays commitment to excellence; looks for ways to improve and promote quality. Work is neat and presentable. Demonstrates ability to use current technology in performing job duties.

<b>Rating:</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<b>Comments:</b>					

2) **Quantity of Work:** Volume of work regularly produced within established schedules and deadlines that meet job requirements and guidelines. Demonstrates efficiency in use of time and resources including effective modes of communication i.e. email, telephone.

<b>Rating:</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<b>Comments:</b>					

3) **Work Habits:** Reports to work on time: complies with reporting standards for attendance; takes appropriate breaks and meal periods. Carries out tasks in an orderly and diligent manner. Carries out the responsibilities of the position with minimal supervision and guidance. Completes mandatory trainings as required. Complies with instruction, SBCC policies and procedures, including health and safety precautions. Adheres to Article 9.3 (Vacation) of CSEA contract and has not exceeded their 24-month maximum vacation accrual.

<b>Rating:</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<b>Comments:</b>					

4) **Work Attitudes:** Endeavors to improve work techniques. Accepts new ideas and procedures. Is solution-oriented. Is cooperative and willing to accept supervisor's suggestions for improvement. Accepts responsibility willingly within the job description guidelines. Balances individual and department responsibilities; works effectively as part of a group.

<b>Rating:</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<b>Comments:</b>					



**Section 2)** List goals established for the next evaluation cycle.

**Overall Work Performance**

Please calculate the overall performance rating by averaging the scores above. The formula is as follows: add the points for each applicable category and divide the total number of points by the number of applicable categories.

Overall performance rating (round to the nearest tenth) \_\_\_\_\_

Please check the employee's overall rating:

- 5 = Outstanding     4 = Exceeds Expectations     3 = Meets Expectations     2 = Needs Improvement     1 = Unsatisfactory

**For probationary employee only, recommend:**

- Grant Permanent Status
- Continue Probationary Period (1st and 3rd month evaluation only)
- Discontinue Employment of Probationary Employee

**Evaluator's Comments:** (Category ratings of "Needs Improvement" or "Unsatisfactory" must be supported by a statement of the facts. Specific suggestions for improvement must be included. Comments may also include special commendations.)

**Employee Signature:** My signature below signifies that I have read and discussed this evaluation with my supervisor. It does not imply that I agree with the evaluation. A copy of this evaluation will be placed in my personnel file and provided to me. I understand that I have the right to submit a written response to this evaluation which shall be attached to this evaluation and placed in my personnel file.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Supervisor's Printed Name

\_\_\_\_\_  
Area Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Area Manager Printed Name