



# CLASSIFIED PERFORMANCE EVALUATION REPORT

<b>EMPLOYEE NAME:</b>	<b>POSITION:</b>
ASSIGNMENT START DATE:	DEPARTMENT:
EVALUATION DATE:	SUPERVISOR:

<b>EVAL TYPE:</b>	Probationary:    ___ 2 month    ___ 4 month    ___ 6 month (Final Probation)
	Permanent:       ___ Annual       ___ Special

Ratings: 4 (Exceeds Standard)    3 (Meets Standard)    2 (Progressing Towards Standard)    1 (Does Not Meet Standard)	4	3	2	1	N/A
1) Works effectively with fellow employees and the public					
2) Accepts and willingly carries out assignments					
3) Responds affirmatively to constructive criticism and suggestions					
4) Maintains confidentiality					
5) Follows proper channels of communication					
6) Demonstrates correct oral & written communication skills					
7) Work is neat, accurate and completed timely					
8) Sets priorities and uses time effectively; concentrates efforts on assigned tasks					
9) Demonstrates initiative, dependability and works within scope of responsibility					
10) Discusses and clarifies work assignments with supervisor					
11) Demonstrates knowledge of job duties and methods					
12) Uses resources effectively: time, materials, telephone, etc.					
13) Maintains assigned work schedule with regular and punctual attendance					
14) Grooming and attire are appropriate to the workplace					
15) Follows departmental procedures and all SJCOE policies in the workplace including safety procedures and practices					
16) Effectively directs and supervises (Applicable to supervisor personnel only)					

*\*Narrative Required*

**Areas of Strength:**

**Areas for Improvement:**

**Goals:**

**Other Comments:**

**Comments by employee (if desired):**

**Improvement Review Date:**

<b>Employee was counseled on noted deficiencies (List dates)</b>			
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- I acknowledge that my supervisor and I have discussed this report. I understand my signature does not imply agreement with this report and that I may prepare a written response which will be attached to this evaluation and placed in my personnel file.
  
- I request an appointment to discuss this performance evaluation report with the designated reviewing officer.  
 (Written response or a request for an appointment to discuss this report must be received by the Human Resources Department within ten (10) working days following the date of this report.)

\_\_\_\_\_  
Employee Signature    Date

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Supervisor Signature    Date