

TEHAMA COUNTY DEPARTMENT OF EDUCATION

Performance Review
Classified Employees CSEA

Name: _____ Review Period From: _____ To: _____
 Position: _____ Worksite: _____
 Division/Dept: _____ Date Completed: _____
 Supervisor: _____ Contributing: _____

Employee Status: Permanent Temporary Probationary 2 months
 5 months

Ratings: (Circle appropriate number)
 1=Consistently works below standards
 2=Needs improvement.

3=Works at standard.
 4=Often works at or above standard
 5=Consistently exceeds standards

PERFORMANCE INDICATORS

RATING

| | |
|--|--|
| <p>1. Attendance/Punctuality: Attends work regularly and on time. Comments:</p> | <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>2. Attitude: Uses a professional demeanor in the workplace. Works cooperatively and effectively with staff and the public, in person and on the telephone. Comments:</p> | <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>3. Teamwork: Works with others to improve work processes and systems. Comments:</p> | <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>4. Organization: Organizes, sets priorities, plans work, and utilizes time effectively. Follows through with assigned tasks. Comments:</p> | <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>5. Communication: Writes, speaks, and listens with skill required to perform duties effectively and efficiently. Comments:</p> | <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>6. Technology: Effectively operates required tools/equipment of the job. Comments:</p> | <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |

Name: _____

Date: _____

| | | | |
|--|---|---|----------------------------|
| <p>7. Professional Growth: Accepts new ideas and/ or procedures. Takes additional training/education. Comments:</p> | <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | |
| <p>8. Productivity: Work product/assignment (end result) reflects high quality. Work product is accurate, reliable, presentable, thorough, and reflects job knowledge. Comments:</p> | <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | |
| <p>9. Safety: Performs job assignments safely, protecting people and property. Comments:</p> | <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | |
| <p>10. Decision-making: Makes timely and reasonable decisions and takes necessary action, even in stressful situations. Comments:</p> | <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | |
| <p>11. Flexibility: Performs other job related tasks as assigned, willingly, timely, and effectively. Comments:</p> | <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | |
| <p>12. All department forms are submitted as required and on time (Absence from Duty, timesheets, etc.) Comments:</p> | <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | |
| <p>Overall work performance: Considering 1-12 above: (Note: Some Performance Indicators may be “weighted” more than others – this should be taken into consideration in the determination of the overall work performance.)</p> | <p>1. <input type="checkbox"/> Unsatisfactory-Below Standard</p> | | |
| | <p>2. <input type="checkbox"/> Needs to Improve</p> | | |
| | <p>3. <input type="checkbox"/> At Standard</p> | | |
| | <p>4. <input type="checkbox"/> At Times Above Standard</p> | | |
| | <p>5. <input type="checkbox"/> Consistently Exceeds Standard</p> | | |
| <p>ATTENDANCE RECORD: <i>Supervisor to track attendance and punctuality</i></p> | <table border="1"> <tr> <td data-bbox="867 1409 1289 1570"> Days Sick Days Tardy Personal Necessity: Other Leaves: </td> <td data-bbox="1289 1409 1520 1570"> Time Frame From: To: </td> </tr> </table> | Days Sick Days Tardy Personal Necessity: Other Leaves: | Time Frame From: To: |
| Days Sick Days Tardy Personal Necessity: Other Leaves: | Time Frame From: To: | | |
| <p>Remarks:</p> | | | |
| <p>Improvement Objective(s):</p> | | | |

Name: _____

Date: _____

Record job strengths and superior performance incidents:

Record progress achieved in attaining previously set goals for improved work performance:

Record specific goals to be undertaken during next evaluation period:

FOR PROBATIONARY EMPLOYEES ONLY:

Do you feel that this employee should be recommended for permanent status?

- Yes
- No
- N/A at this time

Supervisor's Name (please type or print)

Supervisor's Signature

Title

Date

Employee comments: _____

Note: Signature of employee indicates the above performance review was discussed with the reviewer and does not necessarily indicate agreement on the part of the employee. If the employee disagrees with the above review, he/she may submit a written statement to the Division Head within five (5) working days from receipt of the review. The employee's statement will be attached to the Performance Review and submitted to the employee's personnel file.

Employee's Signature

Date

I request an appointment to discuss this evaluation report at the next administrative level(s).

| | |
|---|-------------------------------|
| | |
| _____ Reviewer's Name (please type or print) | _____ Reviewer's Signature |
| _____ Title | _____ Date |

PLEASE ROUTE THIS AS CONFIDENTIAL

DISTRIBUTION: Personnel file: white Supervisor: Pink Employee: yellow