**APPEN****DIX I**

**Supervisor Evaluation Form**

**Classified Employee**

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| **Evaluation procedures are outlined in Article VII of the collective bargaining agreement between CSEA and the District** |  | **Please check either**:  Probationary Evaluation  3 months  6 months  Campus Police Officer  4 months  8 months  12 months  **or one of the following**:  Permanent Evaluation  Re-evaluation ( 1st  2nd)  Special Evaluation |

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|  |  |  |  |  |
| Employee Name |  | Colleague ID# |  | Department |

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| Evaluation Period (From/To) |  | Position |

1 = Unsatisfactory *(below minimum standards)* 2 = Needs Improvement 3 = Satisfactory *(average to excellent)*

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| **PERFORMANCE INDICATORS** | | **1** | **2** | **3** |
| 1. **Attendance/Punctuality:** Attends work regularly and on time. | |  |  |  |
| 1. **Interpersonal Behavior:** Uses a professional demeanor in the workplace. Works cooperatively and effectively with staff, students, and/or the public, in person and on the telephone. | |  |  |  |
| 1. **Teamwork:** Works collaboratively with others and contributes to the improvement of work processes and systems. | |  |  |  |
| 1. **Organization:** Organizes, sets priorities, plans work, and utilizes time effectively. Follows through with assigned tasks. | |  |  |  |
| 1. **Communication:** Writes, speaks, and listens with skill required to perform duties effectively and efficiently. | |  |  |  |
| 1. **Technology:** Effectively operates required tools/equipment of the job. | |  |  |  |
| 1. **Flexibility:** Accepts new ideas and/or procedures, and takes advantage of additional training/education opportunities, when offered. Performs other job-related tasks as assigned willingly, timely, and effectively. | |  |  |  |
| 1. **Productivity:** Work product/assignment (end result) reflects high quality. Work product is accurate, reliable, presentable, thorough, and reflects job knowledge. | |  |  |  |
| 1. **Decision-Making:**  Makes timely and reasonable decisions within scope of assigned responsibility, and takes necessary and appropriate action, even in stressful situations. | |  |  |  |
| 1. **Safety:**  Complies with established safety policies and practices. | |  |  |  |
| 1. **Adherence:**  Follows the supervisor’s directives/instructions. | |  |  |  |
| **PERFORMANCE NARRATIVE** | | | | |
| Areas of strength in job performance during the past evaluation period. |  | | | |
| Areas requiring improvement. |  | | | |
| Additional Comments. |  | | | |

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| **OVERALL EVALUATION, check one:  UNSATISFACTORY  NEEDS IMPROVEMENT  SATISFACTORY**  Note to Supervisor: If the overall evaluation is marked “Needs Improvement” or “Unsatisfactory”, then an Improvement Plan must be attached. |

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| **Employee Signature** |  | **Date** |
|  |  |  |
| **Supervisor Signature** |  | **Date** |

This evaluation was completed (check one):  **On Time  Late**

If late, please provide an explanation below.

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| **Supervisor Signature** |  | **Date** |

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| **A copy of the evaluation will be placed in the employee’s personnel file. The employee shall have a right to have attached written comments rebutting any comments made in the evaluation. In order for the employee’s written rebuttal comments to be attached, such comments must be received by Human Resources within twenty (20) working days of receipt of the evaluation.** |