

Classified Personnel Performance Evaluation Report

Please use ink or typewriter for final markings

- Bakersfield College
- Cerro Coso College
- Porterville College
- District Office

Employee's Name	Social Security Number
Classification	Due Date

Type of Evaluation: First (Probationary) Final (Probationary) Annual Unscheduled

A	B	C	D	E	Section A Factor Check List <i>(Immediate Supervisor must check each factor in the appropriate column)</i>	Section B--Record job strengths and superior performance incidents
Not Satisfactory	Requires Improvement	Meets Standards	Exceeds Standards	Does Not Apply		
					1--Observation of work hours	Section C-- Record progress achieved in attaining previously set goals for improved work performance, for personal, or job qualifications.
					2--Attendance	
					3--Compliance with rules	
					4--Safety practices	
					5--Public contacts	
					6--Student contacts	Section D-- Record specific goals or improvement programs to be undertaken during next evaluation period
					7--Staff contacts	
					8--Knowledge of work	
					9--Work judgements	
					10--Planning and organizing	
					11--Job skill level	Section E-- Record specific work performance deficiencies or job behavior requiring improvement or correction (Explain checks in column A)
					12--Quality of work	
					13--Volume of acceptable work	
					14--Work coordination	
					15--Meets deadlines	
					16--Accepts responsibility	Summary Evaluation [Check (✓) overall performance] <input type="checkbox"/> Not Satisfactory <input type="checkbox"/> Requires Improvement <input type="checkbox"/> Effective Meeting Standards <input type="checkbox"/> Exceeds Standards
					17--Accepts direction	
					18--Accepts change	
					19--Effectiveness under stress	
					20--Initiative	
					21--Appearance of work station	Rater-- I certify that this report represents my best judgement. <input type="checkbox"/> I do <input type="checkbox"/> I do not recommend this employee be granted permanent status. (For final probationary reports only)
					22--Operation & care of equipment	
					Additional Factors	
					23--	
					24--	
					25--	Rater's Signature _____ Date _____
					26--	
					27--	
					28--	
					29--	Title _____

Reviewer (If none, so indicate)		Employee: I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement. I understand that I have ten (10) working day to respond in writing to any derogatory material in this report and that my response will be attached to this report. (Please place comments on a separate sheet of paper and attach to this report.)	
Reviewer's Signature	Date		
Title			
Reviewer's Signature	Date		
Title		Employee's Signature	Date