



Contra Costa Community College District
EMPLOYEE EVALUATION FORM
 Local 1 Unit Members

Date Sent:
 Date Due to Human Resources (10 days):
 Evaluation Due Date:

Employee Name:	Classification:
Department:	Location:
Evaluation Period (From/To Dates): through	Anniversary Date:

Evaluation Period (Check one)

Probationary (New Hire): <input type="checkbox"/> End of 2 rd Month <input type="checkbox"/> End of 5 th Month - final	Promotional <input type="checkbox"/> Probationary: End of 2 nd month <input type="checkbox"/> End of 5 th month – FINAL	Other: <input type="checkbox"/> Annual <input type="checkbox"/> Special <input type="checkbox"/> Extended Promotional (8 th -10 th week)
--	---	---

MARK AN X IN THE APPROPRIATE BOX BELOW. IF UNSATISFACTORY OR NEEDS IMPROVEMENT IS MARKED, STATEMENT(S) OF EXPLANATION MUST BE MADE IN THE REMARKS SECTION BELOW. (USE ADDITIONAL SHEETS IF NEEDED)

1. Knowledge of work: Knowledge & understanding of all phases of this job and closely-related matters.	<input type="checkbox"/> Unsatisfactory Needs frequent instructions, even on routine jobs.	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations Has a good working knowledge of job.	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Outstanding Has a thorough knowledge of job.
Remarks:					
2. Initiative and application: Resource- fullness, independent thinking, attention, and application to his/her work.	<input type="checkbox"/> Unsatisfactory Wastes time. Needs close supervision.	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations Steady and willing worker. Requires little direction	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Outstanding Industrious. Highly resourceful and self-reliant.
Remarks:					
3. Quality of work: The accuracy and thoroughness with which work meets recognized standards of performance.	<input type="checkbox"/> Unsatisfactory Below Standard. Errors repeated.	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations Meets accepted standards regularly.	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Outstanding Maintains high quality.
Remarks:					
4. Quantity of work: Volume of work based upon recognized standards of performance.	<input type="checkbox"/> Unsatisfactory Consistently low and behind schedule.	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations Steady producer. Meets recognized standards.	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Outstanding High output.
Remarks:					
5. Relations with other workers: Disposition, tact, courtesy, enthusiasm and sincerity as they affect fellow workers and others.	<input type="checkbox"/> Unsatisfactory Hinders other employee's work.	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations Makes a satisfactory impression.	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Outstanding Creates very favorable impression.
Remarks:					
6. Dependability: Compliance with instructions and regulations; reliability under varying conditions.	<input type="checkbox"/> Unsatisfactory Frequently undependable.	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations Dependable under normal circumstances.	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Outstanding Thoroughly reliable on assignments.
Remarks:					

EMPLOYEE EVALUATION FORM – page 2
 Unit Members – 12 month schedule

DATE DUE:

NAME:

7. Attendance and Punctuality: Promptness/regularity in reporting for work.	<input type="checkbox"/> Unsatisfactory High absenteeism. Often late for work.	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations Infrequently late/absent from work	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Outstanding Rarely late/absent from work.
	Remarks:				
8. Leadership: Ability to lead and train others and to get results through teamwork.	If present job requires leadership, or if you have an opportunity to observe evidence of leadership on the job, appraise leadership characteristic below; otherwise disregard this factor.				
	<input type="checkbox"/> Unsatisfactory Unable to get satisfactory output from subordinates.	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations Good on regular assignments. Has respect of group.	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Outstanding Outstanding leader. Maintains high morale and output.
Remarks:					
9. Student Learning Outcomes (SLO): Assists in using and/or uses the results of the assessment of student learning outcomes to improve teaching and learning.	If present job requires student learning outcomes, or if you have an opportunity to observe evidence of student learning outcomes on the job, appraise characteristic below; otherwise disregard this factor.				
	<input type="checkbox"/> Unsatisfactory Unable to get satisfactory output from subordinates.	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations Good on regular assignments. Has respect of group.	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Outstanding Outstanding leader. Maintains high morale and output.
Remarks:					
<input type="checkbox"/> SLO not applicable					

1. **Overall Evaluation:** Unsatisfactory Needs Improvement Meets Expectations
 Exceeds Expectations Outstanding

2. **Signature of Supervisor preparing evaluation:** _____

3. **Signature of Supervisor's Manager:** _____
 (Signature required prior to evaluation being reviewed by the employee.)

4. **Reviewed with employee on** Date of review by Reviewer's name, and discussed specific suggestions for his/her development or improvement as noted below:

5. **Employee Certification:** I have reviewed this report. In signing it, I do not necessarily agree with the evaluation. I understand that I have the right to add any comments in the space below (use additional sheets if needed).

If an extended promotional probationary period is recommended, I agree to the extension. **Y** or **N** (check one)

(EMPLOYEE HAS ONE WEEK FROM THE DATE OF THE EVALUATION MEETING TO RESPOND.)

Signature of Employee: _____ **Date:** _____

DATE DUE:

NAME:

FOR PROBATIONARY (NEW HIRE) EMPLOYEES ONLY

6. **Recommendation in view of this appraisal.** The following to be filled out only when preparing the FINAL (end of 5th month) evaluation for a probationary employee.

CHECK ONE:

- I recommend that this employee be placed on permanent status.
- I recommend that this employee be terminated during their probationary period effective
Comments, if any:

Signature of Supervisor preparing evaluation: _____

Signature of Supervisor's Manager: _____
(Signature required prior to evaluation being reviewed by the employee.)

FOR PROMOTIONAL PROBATIONARY EMPLOYEES ONLY

7. **Recommendation in view of this appraisal.** The following to be filled out only when preparing the FINAL (5th month) evaluation for a promotional probationary employee.

CHECK ONE:

- I recommend that this employee be placed on permanent status.
- I recommend that this employee's promotional probationary period be extended an additional 3 months to:
I believe that specific counseling and assistance for the purpose of development or improvement as specified
above in Section 3 will enable the employee to become a satisfactory employee.
- I recommend that this employee not be retained in promotional position effective _____ .
(before the expiration of the promotional probationary period) for the following reason(s):

Signature of Supervisor preparing evaluation: _____

Signature of Supervisor's Manager: _____
(Signature required prior to evaluation being reviewed by the employee.)