

Classified Performance Evaluation Form

Employee Name:	Position:		
Department:	Supervisor:		
Evaluation Date:			
Evaluation Type: Probationary New Employee Mid (65 working days) Probationary Transfer/Promotion Mid (65 working days) Final (130 working days) Final (130 working days) Annual Written (Odd Years) *If an area is marked "Needs Improvement" or "Unsatisfactory", an improvement plan is required. Please			
check the box on page 2, confirming that the improvement plan is attached.			
Ratings: E: Exceeds Standards M: Meets Standards N: Needs Improvement U: Unsatisfactory			
Competencies and Performance Areas (please see rubric for more details)		RATING:	
 WORK QUALITY Accepts and willingly carries out assignments Work is neat, accurate, and completed timely Completes tasks and addresses all necessary elements of the tasks Takes ownership of tasks within the job description Positive feedback is received 		□ E □ M □ N □ U	
 COMPLIANCE TO RULES AND REGULATIONS Maintains assigned work schedule with regular and punctual attendance Follows departmental procedures and all SLOCOE policies in the workplace including safety procedures and practices Adheres to internal, local, federal, state, and governmental agency regulations Ability to work independently with minimal supervision 		□ E □ M □ N □ U	
 INTERPERSONAL SKILLS/PROFESSIONALISM Works effectively with fellow employees and the public Responds affirmatively to constructive criticism and suggestions Collaborates and works effectively with others to achieve shared goals Demonstrates effective oral & written communication skills Follows proper channels of communication Maintains confidentiality 		□ E □ M □ N □ U	

Anticipates needs by rActively participates i	e, and dependability and wor			
 Uses resources effective Demonstrates mastery and displays a strong to Continuously monitor 	over the core responsibilities understanding of all major as s industry trends and policy of	nt methods of communication, et s and tasks associated with the ro	ole, U	
Areas of Strength/Comment	s: (attach additional document	nts as needed)		
Professional Development C	Goals: (attach additional doc	uments as needed)		
Employee Comments: (attack	h additional documents as ne	eded)		
An Improvement Plan has be	een provided to the employ	yee: 🗆 Yes 🗆 No 🗆	N/A	
Employee's immediate supervisor employee during this period. Sp of "Meets Standards," or "Excee	ecific written comments are	at best describes the overall perf		
□ Unsatisfactory	□ Needs Improvement	☐ Meets Standards	□ Exceeds Standards	
I hereby certify that I have revagree with all the items checke request for an appointment to form.	d. The Human Resources D	epartment must receive a writ	ten response or a	
Employee's Signature:		Da	te:	
Supervisor's Signature:		Da	Date:	
Reviewed By:Evalua	ator's Supervisor	Da	te:	
Reviewed By:Chief1			te:	
Chief	Human Resources Officer			