

APPENDIX F



Pasadena City College

PCC-CFT EMPLOYEE PERFORMANCE EVALUATION

INSTITUTION/DEPARTMENT

EMPLOYEE'S NAME	CLASSIFICATION TITLE	EVALUATION PERIOD FROM	EVALUATION DATE TO
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Annual Review Probationary: 23 month 56 month ~~10~~ month — Unscheduled

PERFORMANCE FACTORS	PERFORMANCE EVALUATIONS: COMMENTS AND/OR EXAMPLES (ATTACH EXTRA SHEETS IF NEEDED)	RATING
1. QUALITY OF WORK COMPETENCE, ACCURACY, NEATNESS, THOROUGHNESS.		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT* <input type="checkbox"/> UNSATISFACTORY *
2. QUANTITY OF WORK USE OF TIME, VOLUME OF WORK ACCOMPLISHED, ABILITY TO MEET SCHEDULES, PRODUCTIVITY LEVELS.		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT* <input type="checkbox"/> UNSATISFACTORY *
3. JOB KNOWLEDGE DEGREE OF TECHNICAL KNOWLEDGE, UNDERSTANDING OF JOB PROCEDURES AND METHODS.		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT* <input type="checkbox"/> UNSATISFACTORY *
4. WORKING RELATIONSHIPS COOPERATION AND ABILITY TO WORK WITH SUPERVISOR, CO-WORKERS, STUDENTS, AND CLIENTS SERVED. <u>Engages in supportive behaviors and attitudes to foster a positive and inclusive campus and work environment.</u>		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT* <input type="checkbox"/> UNSATISFACTORY *
5. ORGANIZATIONAL SKILLS (As appropriate) TRAINING AND DIRECTING HOURLY/UNCLASSIFIED WORKERS, DELEGATION, PLANNING AND ORGANIZING WORK, PROBLEM SOLVING, DECISION MAKING ABILITY, ABILITY TO COMMUNICATE.		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY *

DEFINITIONS OF PERFORMANCE RATING CATEGORIES

EXCEEDS EXPECTATIONS – The employee regularly works beyond a majority of the performance factors and has made many significant contributions to the efficiency and success of this organization.

MEETS EXPECTATIONS – The employee has met the performance factors and has contributed to the efficiency and success of this organization.

NEEDS IMPROVEMENT – The employee has failed to meet one or more of the significant performance factors. A plan for improvement must be completed.

UNSATISFACTORY * – The employee has failed to meet the performance factors. A plan for improvement must be completed.

* Give specific examples of this employee's performance.

6. OBSERVANCE OF WORK SCHEDULES (Attendance, punctuality, rest periods) (Supervisor's Comments)	District Standard: The employee shall abide by the established schedule (hours of employment including beginning and ending times, breaks and rest periods.)	<input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT* <input type="checkbox"/> UNSATISFACTORY *	
7. OPTIONAL FACTORS (ex. safety practices, College committee work & participation)		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT* <input type="checkbox"/> UNSATISFACTORY *	
8. DIVERSITY, EQUITY, INCLUSION, AND ACCESSIBILITY (DEIA) <u>Commits to a continuous cycle of self-growth and progress by participating in DEIA professional development and learning opportunities.</u>		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT* <input type="checkbox"/> UNSATISFACTORY *	
8. IF APPLICABLE: OUTCOMES ASSESSMENT (Assesses outcomes (SLOs, SSOs, unit) and uses assessments to make improvements. Staff that are directly responsible for student learning outcomes use the results of the assessments to improve student learning.		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT*	
OVERALL RATING <input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY			
REVIEWER'S ADDITIONAL COMMENTS 			
REVIEWER'S NAME (Print or Type)	REVIEWER'S TITLE	REVIEWER'S SIGNATURE	DATE RATED
9. TRAINING AND STAFF DEVELOPMENT NEEDS/SUGGESTIONS 			
10. GOALS FOR THE NEXT EVALUATION PERIOD (as appropriate) 			

EMPLOYEE'S COMMENTS -

This performance evaluation was discussed with me on the date noted above. I understand that my signature attests only that a personal interview was held with me; it does not necessarily indicate that I agree with the evaluation.

EMPLOYEE'S SIGNATURE

DATE SIGNED

*A copy of the signed evaluation form will be provided to the employee



Pasadena City College
PLAN OF IMPROVEMENT (PCC-CFT Employee)

LAST NAME _____ FIRST _____ INITIAL _____ JOB TITLE _____

DEPARTMENT _____ DATE SENT _____ DUE IN HUMAN RESOURCES _____ PROBATION ENDS _____

Annual Review Probationary: ~~23~~ month ~~56~~ month ~~10-month~~ Unscheduled

GOALS AND OBJECTIVES FROM: _____ **TO** _____

JOB DUTIES	PLAN FOR IMPROVEMENT/GOALS	TIMELINE	SUPERVISOR'S COMMENTS

REVIEWER'S SIGNATURE _____ **DATE** _____

EMPLOYEE SIGNATURE _____ **DATE** _____

A copy of the signed Plan of Improvement will be provided to the employee.
 If plan for improvement/goals are not met, a step increase/service increment may be postponed.

Manager's Signature _____ **Date** _____

Plan of Improvement – Follow-up Evaluation Meeting Date _____

- Plan of Improvement and goals met
- Plan of improvement and goals not met
 - Hold step increase or service increment
 - Do not hold step increase or service increment

Manager's Signature _____ **Date** _____