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|  Pasadena City College**PCC-CFT EMPLOYEE PERFORMANCE EVALUATION**  |  |
| INSTITUTION/DEPARTMENT  |
| EMPLOYEE’S NAME      | CLASSIFICATION TITLE      | EVALUATION PERIODFROM       TO       | EVALUATION DATE      |
| Annual Review **[ ]**  Probationary: 3 month **[ ]**  6 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.** |  |  |
| **[ ]  EXCEEDS EXPECTATIONS** |
| **[ ]  MEETS EXPECTATIONS** |
| **[ ]  NEEDS IMPROVEMENT\*** |
| **[ ]  UNSATISFACTORY \*** |
| 1. **QUANTITY OF WORK**

**USE OF TIME, VOLUME OF WORK ACCOMPLISHED, ABILITY TO MEET SCHEDULES, PRODUCTIVITY LEVELS.** |  |  |
| **[ ]  EXCEEDS EXPECTATIONS** |
| **[ ]  MEETS EXPECTATIONS** |
| **[ ]  NEEDS IMPROVEMENT\*** |
| **[ ]  UNSATISFACTORY \*** |
| 1. **JOB KNOWLEDGE**

**DEGREE OF TECHNICAL KNOWLEDGE, UNDERSTANDING OF JOB PROCEDURES AND METHODS.** |  |  |
| **[ ]  EXCEEDS EXPECTATIONS** |
| **[ ]  MEETS EXPECTATIONS** |
| **[ ]  NEEDS IMPROVEMENT\*** |
| **[ ]  UNSATISFACTORY \*** |
| 1. **WORKING RELATIONSHIPS**

**COOPERATION AND ABILITY TO WORK WITH SUPERVISOR, CO-WORKERS, STUDENTS, AND CLIENTS SERVED.** |  |  |
| **[ ]  EXCEEDS EXPECTATIONS** |
| **[ ]  MEETS EXPECTATIONS** |
| **[ ]  NEEDS IMPROVEMENT\*** |
| **[ ]  UNSATISFACTORY \*** |
| 1. **ORGANIZATIONAL SKILLS**

 **(As appropriate)****TRAINING AND DIRECTING HOURLY/UNCLASSIFIED WORKERS, DELEGATION, PLANNING AND ORGANIZING WORK, PROBLEM SOLVING, DECISION MAKING ABILITY, ABILITY TO COMMUNICATE.** |  |  |
| **[ ]  EXCEEDS EXPECTATIONS** |
| **[ ]  MEETS EXPECTATIONS** |
| **[ ]  NEEDS IMPROVEMENT** |
| **[ ]  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.

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| 1. **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.) | **[ ]  MEETS EXPECTATIONS** |
| **[ ]  NEEDS IMPROVEMENT\*** |
| **[ ]  UNSATISFACTORY \*** |
| 1. **OPTIONAL FACTORS (ex. safety practices, College committee work & participation)**
 |  |  |
| **[ ]  EXCEEDS EXPECTATIONS** |
| **[ ]  MEETS EXPECTATIONS** |
| **[ ]  NEEDS IMPROVEMENT\*** |
| **[ ]  UNSATISFACTORY \*** |
| 1. [ ]  **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.
 |  |  |
| **[ ]  EXCEEDS EXPECTATIONS** |
| **[ ]  MEETS EXPECTATIONS** |
| **[ ]  NEEDS IMPROVEMENT\*** |
|  |
| **OVERALL RATING [ ] EXCEEDS EXPECTATIONS [ ]  MEETS EXPECTATIONS [ ] NEEDS IMPROVEMENT [ ] UNSATISFACTORY** |
| REVIEWER’S ADDITIONAL COMMENTS  |
| **REVIEWER’S NAME** (Print or Type) | REVIEWER’S TITLE | REVIEWER’S SIGNATURE | DATE RATED      |
| 1. **TRAINING AND STAFF DEVELOPMENT NEEDS/SUGGESTIONS**
 |
| 1. **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)**

**p**

**Plan of Improvement**

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|  |  |  |  |  |
| LAST NAME | FIRST | INITIAL |  | JOB TITLE |

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

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| Annual Review |  | Probationary: | 3 month |  | 6 month |  | 10 month |  | Unscheduled |  |

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| **GOALS AND OBJECTIVES FROM:** |  |  **TO** |  |  |

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| **JOB DUTIES** | **PLAN FOR IMPROVEMENT/GOALS** | **TIMELINE** | **SUPERVISOR’S COMMENTS** |
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| **Reviewer’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

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| **Manager’s Signature** |  |  **Date** |  |

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|  |  |  |  |
| **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. (Article 16.6)

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|  **Manager’s Signature** |  |  **Date** |  |