## **APPENDIX I**

## **Supervisor Evaluation**

## **Classified Employee Evaluation Form**

Please check either: ■ Probationary Evaluation Evaluation procedures are outlined in Article VII □ 4 months □ 8 months □ 12 months or one of the following: 

Permanent Evaluation of the collective bargaining agreement between □ Re-evaluation (□1<sup>st</sup> □2<sup>nd</sup>) **CSEA** and the District. ■ Special Evaluation Employee Name Colleague ID# Department Evaluation Period (From/To) Position 1 = Unsatisfactory (below minimum standards) 2 = Needs Improvement 3 = Satisfactory (average to excellent) PERFORMANCE INDICATORS 2 3 1. Attendance/Punctuality: Attends work regularly and on time. 2. Interpersonal Behavior: Uses a professional demeanor in the workplace. Works cooperatively and effectively with staff, students, and/or the public, in person and on the telephone. 3. **Teamwork:** Works collaboratively with others and contributes to the improvement of work processes and systems. 4. Organization: Organizes, sets priorities, plans work, and utilizes time effectively. Follows through with assigned tasks. 5. **Communication:** Writes, speaks, and listens with skill required to perform duties effectively and efficiently. 6. **Technology:** Effectively operates required tools/equipment of the job. 7. Flexibility: Accepts new ideas and/or procedures, and takes advantage of additional training/education opportunities, when offered. Performs other job related tasks as assigned willingly, timely, and effectively. 8. Productivity: Work product/assignment (end result) reflects high quality. Work product is accurate, reliable, presentable, thorough, and reflects job knowledge. 9. Decision-Making: Makes timely and reasonable decisions within scope of assigned responsibility, and takes necessary and appropriate action, even in stressful situations. 10. **Safety:** Complies with established safety policies and practices. 11. **Adherence:** Follows the supervisor's directives/instructions.

|   | PERFORMANCE NARRATIVE   |  |
|---|---|--|
| Areas of strength in job  |   |  |
| performance during the past   |   |  |
| evaluation period.  |   |  |
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| Areas requiring improvement.  |   |  |
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| Additional Comments.  |   |  |
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| EVALUATION TYPE, check one:   | BATIONARY PERMANENT RE-EVALUATION SPECIAL   |  |
| EVALUATION TYPE, check one: P   | DBATIONARY PERMANENT RE-EVALUATION SPECIAL ( 1st 2nd)   |  |
|   | ( 1st 2 <sup>nd</sup> )   |  |
| OVERALL EVALUATION, check one:  | ( 1st 2nd )  UNSATISFACTORY NEEDS IMPROVEMENT SATISFACTORY  |  |
| OVERALL EVALUATION, check one:  | ( 1st 2 <sup>nd</sup> )   |  |
| OVERALL EVALUATION, check one:  | ( 1st 2nd )  UNSATISFACTORY NEEDS IMPROVEMENT SATISFACTORY  |  |
| OVERALL EVALUATION, check one:  | ( 1st 2nd )  UNSATISFACTORY NEEDS IMPROVEMENT SATISFACTORY  |  |
| OVERALL EVALUATION, check one:  Note to Supervisor: If the overall evaluation is  | ( 1st 2nd )  UNSATISFACTORY NEEDS IMPROVEMENT SATISFACTORY  arked "Needs Improvement" or "Unsatisfactory", then an Improvement Plan must be attached.   |  |
| OVERALL EVALUATION, check one:  | ( 1st 2nd )  UNSATISFACTORY NEEDS IMPROVEMENT SATISFACTORY  |  |
| OVERALL EVALUATION, check one:  Note to Supervisor: If the overall evaluation is  | ( 1st 2nd )  UNSATISFACTORY NEEDS IMPROVEMENT SATISFACTORY  arked "Needs Improvement" or "Unsatisfactory", then an Improvement Plan must be attached.   |  |
| OVERALL EVALUATION, check one: Note to Supervisor: If the overall evaluation is  Employee Signature   | ( 1st 2nd )  UNSATISFACTORY NEEDS IMPROVEMENT SATISFACTORY  arked "Needs Improvement" or "Unsatisfactory", then an Improvement Plan must be attached.   |  |
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| OVERALL EVALUATION, check one:  Note to Supervisor: If the overall evaluation is  Employee Signature  Supervisor Signature  | UNSATISFACTORY NEEDS IMPROVEMENT SATISFACTORY  arked "Needs Improvement" or "Unsatisfactory", then an Improvement Plan must be attached.  Date  Date  Check one: On Time Late                 |  |
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| OVERALL EVALUATION, check one:  Note to Supervisor: If the overall evaluation is a supervisor Signature  Supervisor Signature  This evaluation was completed If late, please provide an expla | UNSATISFACTORY NEEDS IMPROVEMENT SATISFACTORY  writed "Needs Improvement" or "Unsatisfactory", then an Improvement Plan must be attached.  Date  Date  Check one: On Time Late  attion below. |  |
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A copy of the evaluation will be placed in the employee's personnel file. The employee shall have a right to have attached written comments rebutting any comments made in the evaluation. In order for the employee's written rebuttal comments to be attached, such comments must be received by Human Resources within twenty (20) working days of receipt of the evaluation.