

# PERRIS UNION HIGH SCHOOL DISTRICT

## PERFORMANCE EVALUATION FOR CLASSIFIED EMPLOYEES

EMPLOYEE NAME: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

WORK SITE/LOCATION: \_\_\_\_\_

**CHECK ONE**

2-Month Evaluation

4-Month Evaluation

6-Month Evaluation

Permanent Employee

| CHECK ONLY THOSE FACTORS WHICH APPLY TO THE<br>EMPLOYEE'S POSITION  | OUTSTANDING | EXCELLENT | AVERAGE | BELOW AVERAGE | UNSATISFACTORY | <p>Report period from: _____<br/>to _____</p> <p>If rating is "Below Average" or "Unsatisfactory",<br/>please give your reasons for this rating and indicate<br/>suggestions made to the employee to assist in<br/>improvement of performance of duties. If<br/>"Outstanding" or "Excellent" is checked, completion<br/>of this section is optional.</p> |
|---|-------------|-----------|---------|---------------|----------------|--|
| <b>1. QUALITY OF WORK</b><br>a. Job Knowledge                      a.<br>b. Accuracy                              b.<br>c. Neatness                                c.<br>d. Proficient in Detail                d.  |             |           |         |               |                |  |
| <b>2. QUANTITY OF WORK</b><br>a. Volume of Output                      a.<br>b. Extent to which work<br>schedules are met                      b.   |             |           |         |               |                |  |
| <b>3. WORK HABITS AND ATTITUDES</b><br>a. Dependability                      a.<br>b. Punctuality                              b.<br>c. Orderliness                              c.<br>d. Compliance with instruc-<br>tions, rules and regulations        d.<br>e. Ability to work without<br>immediate supervision              e. |             |           |         |               |                |  |
| <b>4. PERSONAL QUALITIES</b><br>a. Judgment                                a.<br>b. Initiative                                  b.<br>c. Adaptability to emergencies<br>and new situations                      c.<br>d. Good Health                              d.<br>e. Appearance                              e.               |             |           |         |               |                |  |
| <b>5. RELATIONSHIP WITH OTHERS</b><br>a. Employees                              a.<br>b. Pupils                                      b.<br>c. Public                                      c.  |             |           |         |               |                |  |

|   | OUTSTANDING                             | EXCELLENT | AVERAGE | BELOW AVERAGE | UNSATISFACTORY |
|---|---|-----------|---------|---------------|----------------|
| <b>6. SUPERVISORY ABILITY (if applicable)</b><br>a. Leadership a.<br>b. Fairness & Impartiality b.<br>c. Decision Making c.<br>d. Training & Instructing d.<br>e. Planning & Assigning e.<br>f. Disciplinary Control f.<br>g. Evaluating Performance g.<br>h. Ability To Get Work Out h.  |   |           |         |               |                |
| <b>7. ADDITIONAL FACTORS</b><br>Please identify additional factors not specifically considered above<br>a. _____ a.<br>b. _____ b.<br>c. _____ c.   | <b>RECOMMENDATIONS OR COMMENDATIONS</b> |           |         |               |                |
| <b>8. CLASSIFICATION OF POSITIONS</b><br>To the best of your knowledge and belief, do the primary duties of this employee fall within his/her assigned class? If "No", the supervisor must attach a statement listing duties and responsibilities considered inappropriate to the position.<br><div style="text-align: center;">             YES      NO<br/>             SUPERVISOR<br/>             EMPLOYEE           </div> |   |           |         |               |                |
| <b>9. OVERALL WORK PERFORMANCE</b>  |   |           |         |               |                |

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|  |
|--|
| _____<br><b>SIGNATURE OF SUPERVISOR</b><br><br>_____<br><b>TITLE</b><br><br>_____<br><b>DATE</b> |
|--|

White: Personnel File  
 Yellow: Supervisor  
 Pink: Employee

|   |
|---|
| In signing the Performance Evaluation, the employee acknowledges having seen and discussed the report. The employee's signature does not necessarily imply agreement with the conclusions of the supervisor. If desired, the employee may attach a written statement.<br><br>_____<br><b>EMPLOYEE SIGNATURE</b><br><br>_____<br><b>DATE</b> |
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