

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

<p>CHECK ONLY THOSE FACTORS WHICH APPLY TO THE EMPLOYEE'S POSITION</p> <div style="display: flex; justify-content: space-around; text-align: center;"> <div style="border: 1px solid black; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg);">OUTSTANDING</div> <div style="border: 1px solid black; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg);">EXCELLENT</div> <div style="border: 1px solid black; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg);">AVERAGE</div> <div style="border: 1px solid black; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg);">BELOW AVERAGE</div> <div style="border: 1px solid black; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg);">UNSATISFACTORY</div> </div>	<p>Report period from: _____ to _____</p> <p>If rating is "Below Average" or "Unsatisfactory", please give your reasons for this rating and indicate suggestions made to the employee to assist in improvement of performance of duties. If "Outstanding" or "Excellent" is checked, completion of this section is optional.</p>
<p>1. QUALITY OF WORK</p> <p>a. Job Knowledge a.</p> <p>b. Accuracy b.</p> <p>c. Neatness c.</p> <p>d. Proficient in Detail d.</p>	
<p>2. QUANTITY OF WORK</p> <p>a. Volume of Output a.</p> <p>b. Extent to which work schedules are met b.</p>	
<p>3. WORK HABITS AND ATTITUDES</p> <p>a. Dependability a.</p> <p>b. Punctuality b.</p> <p>c. Orderliness c.</p> <p>d. Compliance with instruc- tions, rules and regulations d.</p> <p>e. Ability to work without immediate supervision e.</p>	
<p>4. PERSONAL QUALITIES</p> <p>a. Judgment a.</p> <p>b. Initiative b.</p> <p>c. Adaptability to emergencies and new situations c.</p> <p>d. Good Health d.</p> <p>e. Appearance e.</p>	
<p>5. RELATIONSHIP WITH OTHERS</p> <p>a. Employees a.</p> <p>b. Pupils b.</p> <p>c. Public c.</p>	

OUTSTANDING	EXCELLENT	AVERAGE	BELOW AVERAGE	UNSATISFACTORY
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<p>6. SUPERVISORY ABILITY (if applicable)</p> <p>a. Leadership a.</p> <p>b. Fairness & Impartiality b.</p> <p>c. Decision Making c.</p> <p>d. Training & Instructing d.</p> <p>e. Planning & Assigning e.</p> <p>f. Disciplinary Control f.</p> <p>g. Evaluating Performance g.</p> <p>h. Ability To Get Work Out h.</p>	
<p>7. ADDITIONAL FACTORS</p> <p>Please identify additional factors not specifically considered above</p> <p>a. _____ a.</p> <p>b. _____ b.</p> <p>c. _____ c.</p>	<p>RECOMMENDATIONS OR COMMENDATIONS</p>
<p>8. CLASSIFICATION OF POSITIONS</p> <p>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.</p> <p style="text-align: center;">YES NO</p> <p style="text-align: center;">SUPERVISOR</p> <p style="text-align: center;">EMPLOYEE</p>	
<p>9. OVERALL WORK PERFORMANCE</p>	

COMMENTS: _____

SIGNATURE OF SUPERVISOR
TITLE
DATE

White: Personnel File
 Yellow: Supervisor
 Pink: Employee

<p>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.</p>
EMPLOYEE SIGNATURE
DATE