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| Pasadena City College  **PCC-CFT EMPLOYEE PERFORMANCE EVALUATION** | | |  | | |
| INSTITUTION/DEPARTMENT | | |
| EMPLOYEE’S NAME | | CLASSIFICATION TITLE | EVALUATION PERIOD FROM       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  |  |  |  |  | | --- | --- | --- | --- | | **Manager’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. (Article 16.6)

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