

Piner-Olivet Union School District

Classified Performance Appraisal

Name: _____

Position: _____

Work Site: _____

Hire Date: _____

Evaluation Period Covered: From _____

To _____

Type of Report: Probation _____

Annual _____

Special _____

Rating Scale for Performance Level:

1-Exceeds District Standards

Consistently above what is expected.

2-Meets District Standards

Meets the requirements of the job.

3-Improvement Needed

More training is necessary.

4-Below District Standards

Not working to district expectations.

Performance Factors

Performance Level

Supporting Observations

1. **JOB KNOWLEDGE**

Standard: understanding of all phases of his/her work and related matters.

2. **QUALITY OF WORK/EFFECTIVENESS IN RELATION TO JOB DESCRIPTION**

Standard: demonstrates above average skills and knowledge in performance of duties; performs duties with above average accuracy and appearance; is thorough in work performed. Completes assigned duties on time.

3. **DEPENDABILITY**

Standard: consistently follows through with assignments and instructions.

4. **JUDGMENT**

Standard: judgment applied as required by job responsibilities.

5. **INITIATIVE**

Standards: self-starting and acting appropriately on own. Resourcefulness is demonstrated through quality of job completion.

6. **COOPERATION**

Standards: willingness to work with associates, supervisors and others. Effectiveness in working with others.

7. **ATTENDANCE**

Standards: is on duty where and when assigned. Attendance record shows minimal use of leave.

EVALUATOR’S COMMENTS: (If more space is needed, attach an additional sheet of paper.)

Recommendation

Continue Probationary Status*

Permanent Status

Terminate Employment

*Follow-up evaluation due in _____ months.

In signing the Work Performance Appraisal, the employee acknowledges having seen and discussed the report. The employee’s signature does not necessarily indicate agreement with the conclusions of the evaluator. The employee may submit a response to this report, in writing, to the Site Administrator. The employee has ten (10) working days from receipt of this appraisal to make any signed written comments that copy will be attached and filed with the Work Performance Appraisal on file at the District Office (Section 87031, California Education Code.)

Signature of Appraiser

Signature of Employee

Date

Title

Date

Signature of Site Administrator

Date

EMPLOYEE’S COMMENTS: