

MARIN COMMUNITY COLLEGE DISTRICT CONFIDENTIAL EMPLOYEE EVALUATION FORM

Employee's Name:	Hours of Employment:
Position:	Evaluation Period: From: To:
Type of Evaluation: Annual <input type="checkbox"/> Interim <input type="checkbox"/> or Probationary: 3rd Month <input type="checkbox"/> 6th Month <input type="checkbox"/>	Evaluator's Name:

RATINGS: *Supporting commentary/observation is required for categories rated at Level 1 or Level 5.*

RATING CODES:

- 1 = Superior performance. One of the very best.
- 2 = Above average. Consistently well above what is expected.
- 3 = Satisfactory. Meets the requirements of the job.
- 4 = Fair. Generally okay, but some improvement needed.
- 5 = Unsatisfactory. Not up to requirements of the job.

Part I. Professional Skills

I. JOB KNOWLEDGE

Understanding of all phases of his/her work and related matters.

Performance Level: 1 2 3 4 5

II. QUALITY OF WORK

Thoroughness, neatness, accuracy, meeting accepted expectations of the position (acceptability of work produced).

Performance Level: 1 2 3 4 5

III. JOB EFFORT

Work output – relative to schedules. Expectations – under normal conditions (amount of acceptable work).

Performance Level: 1 2 3 4 5

IV. INITIATIVE

Self-starting and taking action on his/her own. Amount of direction needed.

Performance Level: 1 2 3 4 5

V. JUDGMENT

Adequacy of judgment applied as required by job responsibilities.

Performance Level: 1 2 3 4 5

VI. COOPERATION

Effectiveness in working with others. Attitude towards work.

Performance Level: 1 2 3 4 5

VII. ATTENDANCE/PUNCTUALITY

Absences are rare, arrival to work on time, returning from breaks on time.

Performance Level: 1 2 3 4 5

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VIII. SAFETY

Understanding and applications of safe practices – observes safety rules.

Performance Level: 1 2 3 4 5

Part 3. OVERALL EMPLOYEE RATING SUMMARY

Summarize the employee against the total requirement of his/her job:

Performance Level: 1 2 3 4 5

Ratings of 1 or 5 must be substantiated by supporting observation and examples.

Part 4. Recommendation

FOR PERMANENT EMPLOYEES ONLY

- | | |
|--|---|
| <input type="checkbox"/> Retention in position at current salary step | <input type="checkbox"/> Placement at the next salary step, if applicable |
| <input type="checkbox"/> Retention under special conditions
<i>(See Recommendation below)</i> | <input type="checkbox"/> Non-retention |

FOR PROBATIONARY EMPLOYEES ONLY

- Continue in probationary status *(3 month evaluation only)*
 Extend probationary status _____ Number of Months *(Pending written approval of President)*
 Do not recommend Permanent Status

COMMENDATION:

***RECOMMENDATION:**

EMPLOYEE COMMENTS IF ANY:

Part 5. Signatures

Signature of Evaluator

Date

Signature of Employee

Date

*It is understood that in signing this form the employee acknowledges having seen and discussed the report. The employee's signature does **not necessary imply agreement** with the conclusion of the evaluator. (Employee comments must be submitted to Personnel Services within ten (10) days)*

Signature of Reviewing Administrator

Date

DISTRIBUTION:

Human Resources
Evaluator
Employee