

**Rio Hondo Community College District
Classified Performance Review**

Employee Name _____ Department _____
 Classification _____ Seniority Date in Classification _____
 Date Sent from Hum. Res. _____ Return to Hum. Res. Prior to _____

Annual Probationary Other Add'l Probation Required Step Increase Applicable

Section A: SELF EVALUATION (to be completed by the employee prior to supervisor's review). Note reason for any designation other than "Fully Satisfactory" in the space provided.

	<u>Outstanding</u>	<u>Fully Satisfactory</u>	<u>Needs Improvement</u>
1. PERSONAL CHARACTERISTICS: Observances of work hours, attendance, punctuality, safety practices, observances of Rio Hondo policies and procedures, cooperation, enthusiasm, attitude toward supervision and public demeanor. _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. INITIATIVE: Planning and organizing, public contacts, employee contacts, student contacts, interest in position responsibilities, use of time and decision making ability. _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. QUALITY OF WORK: Work judgments, effectiveness under stress, work coordination, ability to learn responsibilities and resourcefulness. _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. QUANTITY OF WORK: Volume of acceptable work meets deadlines accepts responsibility and accepts direction. _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. SKILLS/KNOWLEDGE: Proficiency in required skills, knowledge of work, operation and care of equipment and continuing growth. _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SERVICE AREA OUTCOMES: Provides/assists with appropriate services and/or activities that support student learning. _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. OPTIONAL: Additional comments and/or employee development plans (action plan for improving performance and/or development). _____ _____ _____			

Employee's Signature

Date

Section B: SUPERVISOR IS TO COMPLETE (to be completed after the employee's self-evaluation).

Note reason for any designation other than "Fully Satisfactory" in the space provided.

	<u>Outstanding</u>	<u>Fully Satisfactory</u>	<u>Needs Improvement</u>	<u>Unsatisfactory</u>
1. PERSONAL CHARACTERISTICS: Observances of work hours, attendance, punctuality, safety practices, observances of Rio Hondo policies and procedures, cooperation, enthusiasm, attitude toward supervision and public demeanor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/>				
2. INITIATIVE: Planning and organizing, public contacts, employee contacts, student contacts, interest in position responsibilities, use of time and decision making ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/>				
3. QUALITY OF WORK: Work judgments, effectiveness under stress, work coordination, ability to learn responsibilities and resourcefulness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/>				
4. QUANTITY OF WORK: Volume of acceptable work meets deadlines accepts responsibility and accepts direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/>				
5. SKILLS/KNOWLEDGE: Proficiency in required skills, knowledge of work, operation and care of equipment and continuing growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/>				
6. SUPERVISORY SKILLS: (for those employees who supervise others) Planning and organizing, scheduling, training, motivation, leadership, supervisory control and evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/>				
7. SERVICE AREA OUTCOMES: Provides/assists with appropriate services and/or activities that support student learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/>				
8. OPTIONAL: Additional comments and/or employee development plans (action plan for improving performance and/or development).				

Section C: OPTIONAL: Additional comments and/or employee development plans (action plan for improving performance and/or development).

RECOMMENDATION:

For Probationary Employees: ___Retain ___Release
 For Regular Employees: Step Increase: ___Yes ___No*
 *Follow Up Review Date: _____

EMPLOYEE: I certify this evaluation has been discussed with me. I understand my signature does not necessarily indicate agreement and I may respond in writing to any evaluation aspect and this response, in letter form, will be placed in my personnel file, in addition to the evaluation. I further understand I will receive a copy of this evaluation from the Office of Human Resources.

ADMINISTRATOR: I certify the report represents my best judgment.

SECOND LEVEL ADMINISTRATOR: I concur with this review

Signature _____ Date _____

<small>OHR USE ONLY</small>			
From \$ _____	To \$ _____	On _____	
Director _____	Payroll _____		

Employee's Signature _____ Date _____

Effective: 10/17/16