Employee Name:	Date Due	:		
Period	d to be reviewe	e <b>d</b> : to		
Position Title:	Location/Department:			
Supervisor:	Annual [ ] 2-Year [ ]	Probationary [ Other	[ ] [ ]	
PERFORMANCE RA  1. Unsatisfactory (Improvement plan must be attach 2. Requires improvement (Improvement plan must be 3. Meets Expected standards 4. Exceeds Expected standards N/A = Non Applicable  Employee's comments are to be completed prior to the A rating of 1 or 2 must have comments and be address receives evaluation rating of 1 or 2, a separate meeting plan and the employee is to be reevaluated in 30 to 90  Performance Factors: RATINGS:	ed) pe attached) e evaluation meetingsed in an "Improvented shall be scheduled"	ment Plan" If an employ		
Quality of Work – Work is accurate, organized, neat and	l thorough		EMP	SPV
Employee Comments:				
Supervisor Comments:				
Improvement Plan if needed (From Improvement Plan Meeting)				
				001
<b>Quantity of Work -</b> Regularly produces expected volume requirements, and guidelines; uses time effectively.	e of work; meets	deadlines, job	EMP	SPV
Employee Comments:				
Supervisor Comments:				
Improvement Plan if needed (From Improvement Pl	an Meeting)			

Employee Name:	Date Due:			
	Period to be reviewed:	to		
			1	
<b>Knowledge of Job -</b> Understand all aspects of and knowledgeable in performing to the level ex		informed	EMP	SPV
Employee Comments:				
<b>Supervisor Comments:</b>				
Improvement Plan if needed (From Improv	rement Plan Meeting)			
			EMP	SPV
Professional Development/Goals				
Employee Comments:				
Supervisor Comments:				
Improvement Plan if needed (From Improv	vement Plan Meeting)			
			ENAD	CD\/
<b>Attendance and Punctuality -</b> Adheres to wor and is regularly present.	rk days and hours; demonstrates pron	nptness	EMP	SPV
Employee Comments:				
Supervisor Comments:				
Improvement Plan if needed (From Improv	rement Plan Meeting)			

Employee Name:	Date Due:			
	Period to be reviewed:	_ to		
	ob duties with limited direction from the supervicess and the environment; demonstrates commit		EMP	SPV
Employee Comments:				
Supervisor Comments:				
Improvement Plan if needed (From	Improvement Plan Meeting)			
	onships – Acts in a manner that reflects courte and maintains effective working relationships.	sy,	EMP	SPV
Employee Comments:				
Supervisor Comments:				
Improvement Plan if needed (From	Improvement Plan Meeting)			
Customer Service – Is attentive and reconsistently courteous and respectful.	esponsible to customers' needs and requests and	d is	EMP	SPV
Employee Comments:				
Supervisor Comments:				
Improvement Plan if needed (From	Improvement Plan Meeting)			

Employee Name:	Date Due:			
	Period to be reviewed:	to		
<b>Communication</b> – Communicates and writing.	d presents ideas clearly and concisely orally and	l/or in	EMP	SPV
Employee Comments:				•
Supervisor Comments:				
Improvement Plan if needed (Fron	n Improvement Plan Meeting)			
<b>Work Habits</b> – Observes District rules and regulations; complies with District safety policies and practices; operates equipment and/or vehicles in a safe manner.		EMP	SP\	
Employee Comments:				1
Supervisor Comments:				
Improvement Plan if needed (Fron	n Improvement Plan Meeting)			
It is the responsibility of the entire the duties during the evaluation	mployee and supervisor to compare the job des	scription with	h	
I have reviewed the job descri	Supervisor iption and duties. YES	Employee YES		
This evaluation represents my	best judgment of this employee's performance			
Supervisor:	Date:		_	
agree with all the ratings. I un	d with me. Signing this form does not necessaring derstand that I have the right to submit a respony evaluation and placed in my personnel file.		t I	
I Agree with this evaluation	I do not agree with this evaluation			
Employee signature:	Date:			