

Santa Rosa Junior College Classified Personnel Evaluation Report

Probationary Evaluation

Name: _____ Classification: _____

Department: _____ Evaluation Period Covered: From: _____ To: _____

Employment Date: Present position - _____ Date of Last Review: _____

Evaluator: _____ Reviewer: _____

Type of Report: **Probation:** 3 month 5 month Extended Probation

Rating Scale for Performance Level

E. Exemplary:	<i>Significantly exceeds job expectations.</i>
M. Meets:	<i>Meets the requirements of the job.</i>
N. Needs Improvement:	<i>Somewhat below minimum job standards..</i>
U. Unacceptable:	<i>Significantly below required job standards.</i>

A. PERFORMANCE FACTORS	PERFORMANCE LEVEL	SUPPORTING OBSERVATIONS (Required for Ratings N & U, refer to Article 4.5.1)
1. JOB KNOWLEDGE – Understanding of all phases of his/her work and related matters. Knowledge applied with respect to total job.	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	
2. QUALITY OF WORK – Thoroughness, neatness, accuracy, meeting expectations of new position.	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	
3. DEPENDABILITY – Reliability in following through assignments and instructions.	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	
4. COOPERATION – Ability and willingness to work with associates supervisors, and others. Effectiveness in working with others.	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	
5. PRODUCTIVITY – Demonstrated accomplishments, volume of work. Work output relative to schedules, expectations.	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	

A. Performance Factors	Performance Level	Supporting Observations (Required for Ratings N & U, refer to Article 4.5.1)
1. JUDGMENT – Adequacy of judgment applied as required by job responsibilities	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	
2. INITIATIVE/ABILITY TO LEARN – Self-starting and acting on own. Amount of direction needed. Resourcefulness in work situation	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	
3. ATTENDANCE – Punctuality and/or faithfulness in coming to work daily and conforming to work hours	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	

B. RECOMMENDATION

Continue Probationary Status * Permanent Status
 Terminate Employment

*Follow-up evaluation due in ____ months. (Refer to SCJCD/SEIU contract, Evaluation Article)

C. SUPPORTING OBSERVATIONS:

D. EMPLOYEE CONFERENCE/SIGNATURE

In signing the Evaluation Report Form 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 evaluator with a copy to the Human Resources office within ten (10) working days from the date of this report. That copy will be attached and filed with the Evaluation Report Form (Section 87031, California Education Code).

Signature of Supervisor	Date	Signature of Employee	Date
Title of Supervisor			
Signature of Reviewer	Date		
Title of Reviewer			

Distribution: Human Resources, Employee, Evaluator

Classified Regular Evaluation

NAME: _____ DATE: _____

TITLE: _____ DEPARTMENT: _____

-- To be Completed by EMPLOYEE --

INSTRUCTIONS: To be prepared separately by employee before meeting with supervisor. To be attached to fully completed evaluation by supervisor and submitted to the Human Resources Department. Complete only applicable sections.

- 1) What are employee's area(s) of greatest strength, including their impact on the job?

- 2) Identify the significant accomplishments employee has achieved since previous evaluation:

- 3) For Classified Staff who are directly responsible for, or directly support student learning:
Identify how the employee has used the results of the assessment of learning outcomes to improve teaching and learning.

- 4) Employee's progress on goals and/or objectives from previous evaluation. Were goals/objectives for employee achieved since previous evaluation period?
Yes [] No [] If no, answer 4a and 4b below.
 - a. What action has been taken by supervisor to assist in the achievement of those goals and/or objectives?

 - b. What action has been taken by employee to assist in the achievement of those goals and/or objectives?

- 5) Identify areas for continued growth and/or a goal or objective in the next evaluation cycle.

Classified Regular Evaluation

NAME: _____ DATE: _____

TITLE: _____ DEPARTMENT: _____

-- To be Completed by SUPERVISOR --

INSTRUCTIONS: To be prepared separately by supervisor before meeting with employee. To be attached to fully completed evaluation by supervisor and submitted to the Human Resources Department. Complete only applicable sections.

- 1) What are employee's area(s) of greatest strength, including their impact on the job?

- 2) Identify the significant accomplishments employee has achieved since previous evaluation:

- 3) Employee's progress on goals and/or objectives from previous evaluation. Were goals/objectives for employee achieved since previous evaluation period?
Yes [] No [] If no, answer 3a and 3b below.
 - a. What action has been taken by supervisor to assist in the achievement of those goals and/or objectives?

 - b. What action has been taken by employee to assist in the achievement of those goals and/or objectives?

- 4) Identify areas for continued growth and/or a goal or objective in the next evaluation cycle.

Classified Regular Evaluation

NAME: _____ **DATE:** _____

TITLE: _____ **DEPARTMENT:** _____

-- To be Completed by SUPERVISOR --

RATING SCALE

- (E) Exemplary performance (Significantly exceeds job expectations)
- (M) Meets the requirements of the job
- (N) Needs Improvement (Somewhat below minimum job standards)
- (U) Unsatisfactory Performance (Significantly below required job standards)
- n/a Not applicable

Comments may be provided to explain, elaborate, or make recommendations on the rating given.

(Required for Ratings N & U, Refer to Article 4.6.1)

JOB SKILLS		
CATEGORY	RATING	COMMENTS
a. Quality of work		
b. Demonstrates appropriate skills		
c. Handles variety of tasks/projects at same time		
d. Demonstrates knowledge of District policies and procedures applicable to job		
e. Lead worker – Plans and assigns work, gives clear instructions, delegates responsibility, trains personnel and plans effectively with supervisor.		

MOTIVATION/INITIATIVE		
CATEGORY	RATING	COMMENTS
a. Willingness to assume responsibility		
b. Seeks increased responsibility within the scope of the job		
c. Suggests improved methods of doing the job		
d. Accepts and implements suggestions		
e. Exercises appropriate judgment		
f. Makes sound decisions in the absence of detailed instructions or direct supervision		

EFFECTIVE WORKING RELATIONSHIPS		
CATEGORY	RATING	COMMENTS
a. Works cooperatively with students, co-workers, general public		
b. Works cooperatively with supervisor		
c. Deals effectively with difficult situations/people		
d. Accepts responsibility with others for completing group projects		

ADAPTABILITY		
CATEGORY	RATING	COMMENTS
a. Accepts and adapts to new assignments		
b. Understands and accepts new work methods		

COMMUNICATION		
CATEGORY	RATING	COMMENTS
a. Keeps supervisor informed of status of assigned work		
b. Directs issues needing clarification or resolution through appropriate channels		

ORGANIZATIONAL ABILITY		
CATEGORY	RATING	COMMENTS
a. Organizes and coordinates work of others		
b. Organizes and completes work in allotted time		

ATTENDANCE		
CATEGORY	RATING	COMMENTS
a. Punctuality		
b. Dependability in conforming to established work hours		

**ADDITIONAL EVALUATOR COMMENTS/OBJECTIVES FOR NEXT
EVALUATION PERIOD**

OVERALL PERFORMANCE APPRAISAL:

- EXCEEDS EXPECTATIONS - No Follow-up Needed
- MEETS EXPECTATIONS - No Follow-up Needed
- NEEDS IMPROVEMENT*
 - Performance Improvement Plan required
- UNSATISFACTORY*
 - Performance Improvement Plan required

*Ratings must be substantiated by supporting observations, examples and/or specific areas for improvement.

EMPLOYEE CONFERENCE/SIGNATURE:

In signing the Evaluation Report Form, 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 evaluator within ten (10) working days from the date of this report. That copy will be attached and filed with the Evaluation Report Form (Section 87031, California Education Code).

Signature of Supervisor

Date

Signature of Employee

Date

Title of Supervisor

Signature of Reviewer

Date

Title of Reviewer

Classified Interim Evaluation

NAME: _____ **DATE:** _____

TITLE: _____ **DEPARTMENT:** _____

PREVIOUS FACE TO FACE MEETING HELD ON: _____

RATING SCALE

- (N/A) Employee is meeting or exceeding expectations
- (N) Needs Improvement (Somewhat below minimum job standards)
- (U) Unsatisfactory Performance (Significantly below required job standards)

Comments must be provided to explain, elaborate, or make recommendations on any N or U rating given.

JOB SKILLS		
CATEGORY	RATING	COMMENTS
a. Quality of work		
b. Demonstrates appropriate skills		
c. Handles variety of tasks/projects at same time		
d. Demonstrates knowledge of District policies and procedures applicable to job		
e. Lead worker – Plans and assigns work, gives clear instructions, delegates responsibility, trains personnel and plans effectively with supervisor.		

MOTIVATION/INITIATIVE		
CATEGORY	RATING	COMMENTS
a. Willingness to assume responsibility		
b. Seeks increased responsibility within the scope of the job		
c. Suggests improved methods of doing the job		
d. Accepts and implements suggestions		
e. Exercises appropriate judgment		
f. Makes sound decisions in the absence of detailed instructions or direct supervision		

EFFECTIVE WORKING RELATIONSHIPS		
CATEGORY	RATING	COMMENTS
a. Works cooperatively with students, co-workers, general public		
b. Works cooperatively with supervisor		
c. Deals effectively with difficult situations/people		
d. Accepts responsibility with others for completing group projects		

ADAPTABILITY		
CATEGORY	RATING	COMMENTS
a. Accepts and adapts to new assignments		
b. Understands and accepts new work methods		

COMMUNICATION		
CATEGORY	RATING	COMMENTS
a. Keeps supervisor informed of status of assigned work		
b. Directs issues needing clarification or resolution through appropriate channels		

ORGANIZATIONAL ABILITY		
CATEGORY	RATING	COMMENTS
a. Organizes and coordinates work of others		
b. Organizes and completes work in allotted time		

ATTENDANCE		
CATEGORY	RATING	COMMENTS
a. Punctuality		
b. Dependability in conforming to established work hours		

ADDITIONAL EVALUATOR COMMENTS

OVERALL PERFORMANCE APPRAISAL:

- EXCEEDS EXPECTATIONS - No Follow-up Needed
- MEETS EXPECTATIONS - No Follow-up Needed
- NEEDS IMPROVEMENT*
 - Performance Improvement Plan required
- UNSATISFACTORY*
 - Performance Improvement Plan required

*Ratings must be substantiated by supporting observations, examples and/or specific areas for improvement.

EMPLOYEE CONFERENCE/SIGNATURE:

In signing the Evaluation Report Form, 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 evaluator within ten (10) working days from the date of this report. That copy will be attached and filed with the Evaluation Report Form (Section 87031, California Education Code).

Signature of Supervisor

Date

Signature of Employee


Date

Title of Supervisor

Signature of Reviewer

Date

Title of Reviewer

	SANTA ROSA JUNIOR COLLEGE POLICE Sonoma County Junior College District 1501 Mendocino Ave Santa Rosa, CA 95401 (707) 527-1000	

EMPLOYEE:		DATE:	
JOB TITLE: Police Officer		FROM:	TO:
PURPOSE OF EVALUATION:	Annual		

Performance Measures and Evaluation

Rating Scale

- (1) Exemplary Performance (Significantly exceeds job expectations)
- (2) Commendable Performance (Consistently well above job expectations)
- (3) Acceptable Performance (Meets the requirements of the job)
- (4) Performance Needs Improvement (Somewhat below minimum job standards)
- (5) Unacceptable Performance (Significantly below required job standards)
- N/A Not Applicable

Comments are to be provided to explain, elaborate, or make recommendations on the rating given.
(Required for Ratings 1, 2, 4, & 5)

1. EMERGENCY CALLS FOR SERVICE	RATING	COMMENTS
Exercises reasonable caution in response to emergency calls for service.		
Gains effective and prompt control of the situation and properly utilizes necessary supporting resources.		
Exhibits calm, tactful, deliberate, organized and poised demeanor when handling emergency situations.		

2. GENERAL ASSISTANCE CALLS	RATING	COMMENTS
Responds within a reasonable time and safely when dispatched in conformance with established procedures.		
Minimizes "Out of Service" time and completes the assignment within an acceptable time period.		
Exhibits concern and interest in the call even when routine and maintains a highly professional manner.		

3. ARREST PROCEDURES	RATING	COMMENTS
Protects the safety of himself/herself and others in the apprehension process.		
Makes arrests which are compatible with department or team goals.		

4. COMMUNITY/HUMAN RELATIONS	RATING	COMMENTS
Projects a positive image to individuals and groups as a professional, competent and helpful police officer.		
Communicates effectively and openly with all types of individuals and groups.		
Relates well to people even in stressful situations.		
Exhibits sincere interest in, and concern for, the problems and viewpoints of others.		
Maintains effective working relationships with co-workers and supervisors.		

5. CASE INVESTIGATION	RATING	COMMENTS
Uses productive techniques in case investigations.		
Recognizes and carefully collects and preserves all evidence.		
Prepares clear, concise, accurate and logical reports for department and court use.		
Exhibits a professional and poised demeanor in court and functions well as an objective witness.		
Maintains acceptable clearance and complaint issuance levels.		
Works cooperatively and constructively with other organizations and resources.		

6. TRAFFIC CONTROL	RATING	COMMENTS
Maintains acceptable enforcement levels and relates activities to the location, time and causes of serious accidents.		
Gains effective and prompt control at an accident scene and properly utilizes necessary supporting resources.		
Minimizes citizen friction and complaints in traffic law enforcement.		
Maintains an acceptable record of judicial support of citations issued.		

7. CRIME PREVENTION	RATING	COMMENTS
Keeps abreast of crime problems, hazards, and prevention priorities in assigned patrol.		
Maintains acceptable and productive levels of field activity, including “on-view” stops and arrests, which can actually impact crime levels.		
Exercises initiative in finding and developing resources in the community to help crime prevention.		
Makes citizens aware of their crime prevention responsibilities and assists them in reducing hazards.		

8. PERSONAL CHARACTERISTICS	RATING	COMMENTS
Maintains a current and operational knowledge of relevant laws and court decisions affecting police work.		
Understands, applies, and has good recall of current departmental policies and procedures.		
Exercises good judgment and discretion in the performance of work assignments.		
Demonstrates initiative in problem solving in those areas under his or her control.		
Adapts quickly to new situations and changes in police operations.		
Is physically fit according to departmental standards for current work assignments.		
Maintains a good safety record in the use of vehicles, firearms and other equipment.		
Is efficient, organized and maintains a high level of interest in police work and duty assignments.		
Attends department training and job related courses.		
Maintains good attendance and observes working hours.		
Willingly accepts new or different work assignments in preparing self for increased responsibility.		

9. ADDITIONAL COMMENTS/OBJECTIVES FOR NEXT EVALUATION PERIOD

EMPLOYEE CONFERENCE/SIGNATURE

In signing the Evaluation Report Form, the employee acknowledges having seen and discussed the report. The employee's signature does not necessarily indicate agreement with the conclusion of the evaluator. The employee may submit a response to this report, in writing, to the evaluator with a copy to the Human Resources Department within (30) days from the date of this report. That copy will be attached and filed with the Evaluation Report Form (Government Code, Chapter 9.7, Section 3306).

Immediate Supervisor's Signature / Date	Employee's Signature / Date

Area Supervisor's Signature / Date	Human Resources / Date

White – Personnel

Yellow - Police Department

Pink – Employee

Classified Evaluation
PERFORMANCE IMPROVEMENT PLAN

NAME: _____ **DATE:** _____

TITLE: _____ **DEPARTMENT:** _____

Performance Improvement Plans are expected to contain the following components:

1. Identify statements of performance or conduct that need improvement or that are unsatisfactory:

2. Provide statements of the expected performance or conduct:

3. Time period by which the changes in performance or conduct are to be made (not to exceed 180 days).

- Re-Evaluation due in 30 days: _____ (date)
- Re-Evaluation due in 60 days: _____ (date)
- Re-Evaluation due in 90 days: _____ (date)
- Re-Evaluation due in 180 days: _____ (date)

4. Please describe the follow-up / training plan, which may include the types of training or assistance provided to help the employee achieves the expected performance or conduct:

Signature of Supervisor Date Signature of Employee Date

Title of Supervisor

Signature of Reviewer Date

Title of Reviewer

C: Employee's Personnel File

SEIU/District Negotiations 2016/17 New 8.5.16



**PERFORMANCE IMPROVEMENT PLAN
OUTCOME REPORT**

NAME: _____ **DATE:** _____

TITLE: _____ **DEPARTMENT:** _____

An Outcome Report following a Performance Improvement Plan (PIP) is expected to contain the following components:

1. Identify statements of performance or conduct that needed improvement or were unsatisfactory as described from the employee's PIP:

2. Did the employee attain satisfactory conduct or performance in addressing the above concerns?

Yes

No

If "Yes" which areas were completed satisfactorily?

If "No" what are the continued areas that need improvement?

3. This Outcome Report will indicate one of the following:

- Satisfactory completion.
- Complete a new Performance Improvement Plan.
- Unsatisfactory progress, move to the disciplinary process (this serves as verbal notice for the disciplinary process).

A copy of the Outcome Report will be placed in the employee's personnel file.

Signature of Supervisor

Date

Signature of Employee

Date

Title of Supervisor

Signature of Reviewer

Date

Title of Reviewer

C: Employee's Personnel File

SEIU/District Negotiations 2016/17 New 8.5.16