SCOE EMPLOYEE EVALUATION **CLASSIFIED MAINTENANCE AND OPERATIONS** Position Title: Name: Department: Date of Evaluation: Worksite: **Employment Status:** ☐ Probationary – 1st Evaluation Annual Review ☐ Probationary – 2nd Evaluation Check the appropriate box. The expectation levels are based on the job description, Meets Needs Unsatisoffice policies and practices and the standards for all like positions. Comments must N/A Standards Improvement factory be made if rating of "Needs Improvement" or "Unsatisfactory" are made. PERSONAL QUALITIES 1. Uses good judgment. Shows initiative. Flexible – willing to accept change or adapt to different aspects of the job. Appropriate appearance for the job. Dependable – punctual and has regular attendance. 5. 6. Courteous and tactful. 7. Respects confidentiality. Comments: JOB PERFORMANCE 1. Observes safety and health standards. 2. Regular attendance. 3. Observes established working hours. 4. Starts and completes tasks without specific supervision. 5. Complies with general rules and regulations. Takes proper care of tools, equipment and materials. 6. 7. Carries out duties and responsibilities as instructed. Produces accurate and complete work. Responds appropriately to unusual or emergency situations. 10. Assures that all supplies are available when needed. Comments: QUALITY OF WORK 1. Job knowledge 2. Neatness П 3. Thoroughness 4. Accuracy Comments:

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WORK MANAGEMENT							
1. Devises effect	ctive solutions to problems.						
2. Effectively p	lans and organizes work.						
Communicates clearly and effectively whether orally or in writing.							
Comments:							
WORK PRODUCTIVITY							
1. Provides an e	effective volume of output/efficiency.						
2. Meet schedu	les.						
Comments:							
ATTITUDE TOWARD WORK							
1. Follows SCC	DE policies.						
2. Follows world	ksite policies.						
3. Accepts critic	-						
4. Accepts resp							
5. Endeavors to improve work techniques.							
7. Accepts new ideas and procedures.				П			
Comments:							
RELATIONSHIP WITH PEOPLE							
Shares mutual districts and districts.	al respect and effectiveness in dealing with staff, the public.						
2. Supports tear	m effort.						
Comments:							
PROFESSIONAL GROWTH							
	n designated inservice training.	Yes	☐ No	□ N/A			
skills.	nal effort to improve education and job-related	Yes	☐ No	□ N/A			
Comments:							

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EVALUATION SUMMARY							
A. Evaluator's Comments:							
B. Suggestions for In-Service Training:							
C. Certification of Evaluator:							
I hereby certify that this report constitutes my best judgment of the service value of this employee and is based on personal							
observation and knowledge of his/her work.							
Supervisor's Signature:		Date:					
D. Waiver (Permanent Employee Only)							
Evaluation may be waived upon written consent of employee, supervisor and department head.							
Evaluation forschool year waived.							
Employee's Signature:	Department Head's	s Signature:					
Supervisor's Signature	Date:						
E. Employee's Comments:							
E. Farala and Carlifford and							
F. Employee Certification: My signeture colonovaled asset but I have read and/or discussed this evaluation. It does not imply that I agree or discussed I have							
My signature acknowledges that I have read and/or discussed this evaluation. It does not imply that I agree or disagree. I have received a copy of this evaluation.							
Employee's Signature:		Date:					

This evaluation and all attachments will be places in your personnel file. You have ten (10) days from receipt of this evaluation to make any signed written comments you wish, which will be attached to this evaluation and placed in your personnel file.

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