

PART-TIME CLASSIFIED STAFF EVALUATION

Employee Name: _____

Date: _____

Evaluation Period: _____ to _____

Department: _____

Supervisor Name: _____

Areas of Evaluation

Productivity and Initiative:

Amount and quality of work, job knowledge, etc.

Excellent Good Needs Improvement Poor

Comments:

Work Habits:

Organization skills, efficiency, accuracy, dependability, cooperation, etc.

Excellent Good Needs Improvement Poor

Comments:

Relationship with Others:

Effectiveness in working with supervisors, coworkers, students, faculty, etc.

Excellent Good Needs Improvement Poor

Comments:

Attendance and Punctuality:

Maintenance of assigned schedule, lateness, observance of rules for lunch break, etc.

Excellent Good Needs Improvement Poor

Comments:

**** When ranking the lowest (poor) ranking, written comments MUST be provided as to the reason for the rating; specifically identifying examples of the poor performance.**

Recommend for Reappointment Yes No

If no, give a reason:

Comments:

Supervisor Signature: _____

Date: _____

Division Head: _____

Date: _____

Signature of Employee: _____

Date: _____