



PCC-CFT EMPLOYEE PERFORMANCE EVALUATION

INSTITUTION/DEPARTMENT

EMPLOYEE'S NAME	CLASSIFICATION TITLE	EVALUATION PERIOD FROM TO	EVALUATION DATE
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Annual Review Probationary: 2 month 5 month Unscheduled

PERFORMANCE FACTORS	PERFORMANCE EVALUATIONS: COMMENTS AND/OR EXAMPLES (ATTACH EXTRA SHEETS IF NEEDED)	RATING
1. QUALITY OF WORK COMPETENCE, ACCURACY, NEATNESS, THOROUGHNESS.		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT* <input type="checkbox"/> UNSATISFACTORY *
2. QUANTITY OF WORK USE OF TIME, VOLUME OF WORK ACCOMPLISHED, ABILITY TO MEET SCHEDULES, PRODUCTIVITY LEVELS.		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT* <input type="checkbox"/> UNSATISFACTORY *
3. JOB KNOWLEDGE DEGREE OF TECHNICAL KNOWLEDGE, UNDERSTANDING OF JOB PROCEDURES AND METHODS.		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT* <input type="checkbox"/> UNSATISFACTORY *
4. WORKING RELATIONSHIPS COOPERATION AND ABILITY TO WORK WITH SUPERVISOR, CO-WORKERS, STUDENTS, AND CLIENTS SERVED. (i.e. Engages in supportive behaviors and attitudes to foster a positive and inclusive campus and work environment.)		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT* <input type="checkbox"/> UNSATISFACTORY *
5. ORGANIZATIONAL SKILLS (As appropriate) TRAINING AND DIRECTING HOURLY/UNCLASSIFIED WORKERS, DELEGATION, PLANNING AND ORGANIZING WORK, PROBLEM SOLVING, DECISION MAKING ABILITY, ABILITY TO COMMUNICATE.		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY *

DEFINITIONS OF PERFORMANCE RATING CATEGORIES

EXCEEDS EXPECTATIONS – The employee regularly works beyond a majority of the performance factors and has made many significant contributions to the efficiency and success of this organization.

MEETS EXPECTATIONS – The employee has met the performance factors and has contributed to the efficiency and success of this organization.

NEEDS IMPROVEMENT – The employee has failed to meet one or more of the significant performance factors. A plan for improvement must be completed.

UNSATISFACTORY * – The employee has failed to meet the performance factors. A plan for improvement must be completed.

* Give specific examples of this employee's performance.

6. OBSERVANCE OF WORK SCHEDULES (Attendance, punctuality, rest periods) (Supervisor's Comments)	District Standard: The employee shall abide by the established schedule (hours of employment including beginning and ending times, breaks and rest periods.)	<input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT* <input type="checkbox"/> UNSATISFACTORY *	
7. OPTIONAL FACTORS (ex. safety practices, College committee work & participation)		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT* <input type="checkbox"/> UNSATISFACTORY *	
8. DIVERSITY, EQUITY, INCLUSION, AND ACCESSIBILITY (DEIA) Commits to a continuous cycle of self-growth and progress by participating in DEIA professional development and learning opportunities.		<input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT* <input type="checkbox"/> UNSATISFACTORY *	
OVERALL RATING <input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY			
REVIEWER'S ADDITIONAL COMMENTS			
REVIEWER'S NAME (Print or Type)	REVIEWER'S TITLE	REVIEWER'S SIGNATURE	DATE RATED
9. TRAINING AND STAFF DEVELOPMENT NEEDS/SUGGESTIONS			
10. GOALS FOR THE NEXT EVALUATION PERIOD (as appropriate)			

EMPLOYEE'S COMMENTS -

This performance evaluation was discussed with me on the date noted above. I understand that my signature attests only that a personal interview was held with me; it does not necessarily indicate that I agree with the evaluation.

EMPLOYEE'S SIGNATURE

DATE SIGNED

*A copy of the signed evaluation form will be provided to the employee



Pasadena City College
PLAN OF IMPROVEMENT (PCC-CFT Employee)

LAST NAME _____ FIRST _____ INITIAL _____ JOB TITLE _____

DEPARTMENT _____ DATE SENT _____ DUE IN HUMAN RESOURCES _____ PROBATION ENDS _____

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GOALS AND OBJECTIVES FROM: _____ **TO** _____

JOB DUTIES	PLAN FOR IMPROVEMENT/GOALS	TIMELINE	SUPERVISOR'S COMMENTS

REVIEWER'S SIGNATURE _____ **DATE** _____

EMPLOYEE SIGNATURE _____ **DATE** _____

A copy of the signed Plan of Improvement will be provided to the employee.
 If plan for improvement/goals are not met, a step increase/service increment may be postponed.

Manager's Signature _____ **Date** _____

Plan of Improvement – Follow-up Evaluation Meeting Date _____

- Plan of Improvement and goals met
- Plan of improvement and goals not met
 - Hold step increase or service increment
 - Do not hold step increase or service increment

Manager's Signature _____ **Date** _____