



FY22 200 PAY PLAN: NON-SUPERVISOR EMPLOYEE PERFORMANCE EVALUATION FORM

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|----------------------------------|--------------------------------|
| Employee Name: | Employee ID Number: |
| Job Title: | Department: |
| Supervisor Name: | Supervisor Title: |
| Department Director: | Date of Review: |
| Review Period Start Date: | Review Period End Date: |

This form must be completed by the employee’s immediate supervisor.

RATING SCALE: Use this scale for all items on this form requiring a numeric rating. A supervisor must develop a performance improvement plan for all areas where an employee received a rating of 1 (Below Standard).

- | | |
|--|--|
| 1 - Does Not Meet Expectations: | Does not meet the expectations of the job, task, or project. <u>Improvement Plan Required.</u> |
| 2 - Needs Improvement: | Meets some expectations of the job, task, or project. Performance needs improvement. |
| 3 - Meets Expectations: | Successfully and consistently meets the expectations of the job, task, or project. |
| 4 - Exceeds Expectations: | Far exceeds the expectations of the job, task, or project. |

| PART I: EMPLOYEE PERFORMANCE COMPETENCIES (100% of overall rating; equally weighted) | RATING |
|--|--------|
| 1. Accountability – Demonstrates a high level of dependability consistently. | |
| 2. Responsibility – Accepts assignments and complies with all authority, regulations, policies, and procedures. | |
| 3. Cooperation – Demonstrates teamwork by maintaining a positive work environment with all stakeholders. | |
| 4. Judgement – Utilizes analytical and constructive reasoning to make sound decisions, logically. | |
| 5. Job Knowledge – Understands job duties, procedures, practices, processes, skills, and related functions. | |
| 6. Quality of Work – Maintains a high standard of work produced and determines ways to improve. | |
| 7. Communication – Committed to expressing themselves clearly in writing and oral communication effectively. | |
| 8. Initiative – Works independently, generating new ideas and uses originality to meet both routine and unusual situations. | |
| 9. Efficiency – Highly productive and maintains a high volume of work meeting deadlines and achieving desired results. | |
| 10. Customer Service – Demonstrates customer service skills effectively to improve performance and/or processes. | |
| Score = Average of above: | |

| PART II: FY 2022 PROFESSIONAL DEVELOPMENT ACCOMPLISHMENTS | | |
|--|--|-------------------------|
| Measure specific goals for Professional Development the employee achieved. | | |
| GOAL 1: | | Completion Date: |
| GOAL 2: | | Completion Date: |

| PART III: SUPERVISOR STATEMENT OF OVERALL PERFORMANCE | | | |
|--|--|--------------|--|
| Provide a brief description of the employee's overall performance for the review period: | | | OVERALL RATING |
| | | | 4 = Exceeds Expectations 3 = Meets Expectations 2 = Needs Improvement 1 = Does Not Meet |
| Complete the following section upon Executive Leadership Team (ELT) Approval | | | |
| SUPERVISOR SIGNATURE: | | DATE: | |
| DIRECTOR SIGNATURE: | | DATE: | |

Department Level Review – COMPLETE

| PART IV: EMPLOYEE COMMENTS AND ACKNOWLEDGEMENT SIGNATURE | | | |
|--|--|--------------|--|
| <i>Supervisors should provide employees an opportunity to provide comments. If employee has no comments, they should note "none".</i> | | | |
| | | | |
| Employee, signing below does not constitute agreement with your performance evaluation. By signing below, you are acknowledging that this performance review has been discussed with you. | | | |
| EMPLOYEE SIGNATURE: | | DATE: | |

| PART V: SUBMISSION (Required) | | |
|---|--------------|--|
| HR Liaison or Designee uploaded completed forms at: http://www.learningcc.org/perform/ | DATE: | |

----- DO NOT WRITE BELOW: THIS SECTION FOR OFFICIAL USE BY HUMAN RESOURCE DEPARTMENT -----

APPROVED FOR FILING
LEARNING AND DEVELOPMENT PROCESSING

UNDER REVIEW
EMPLOYEE RELATIONS PROCESSING

RECEIVED DATE: _____ BY: _____

APPROVED DATE: _____ BY: _____

Supporting Documents Attached

NOTES: (If any)