



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

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)