



GLENN COUNTY OFFICE OF EDUCATION

Performance Review

Classified Employees and Classified Managers

Probationary From: To: Permanent

Name: Review Period: From: To:
Position: Worksite:
Division/Department: Date Completed:

Table with 4 columns: Ratings: 1 = Unsatisfactory, 2 = Needs to Improve, 3 = Meets Standards, 4 = Exceeds Standards

1. Attendance/Punctuality: Attends work regularly and on time. Rating 1 2 3 4

5. Communication: Writes, speaks, and listens with skill required to perform duties effectively and efficiently. Rating 1 2 3 4

2. Attitude: Uses a professional demeanor in the workplace. Works cooperatively and effectively with staff and the public, in person and on the telephone. Rating 1 2 3 4

6. Technology: Effectively operates required tools/equipment of the job. Rating 1 2 3 4

3. Teamwork: Works with others to improve work processes and systems. Rating 1 2 3 4

7. Professional Growth: Accepts new ideas and/or procedures. Participates in additional training/education. Rating 1 2 3 4

4. Organization: Organizes, sets priorities, plans work, and utilizes time effectively. Follows through with assigned tasks. Rating 1 2 3 4

8. Productivity: Work product/assignment (end result) reflects high quality. Work product is accurate, reliable, presentable, thorough, and reflects job knowledge. Rating 1 2 3 4

**Performance Indicators: Rating**      **1**   **2**   **3**   **4**

9. Decision-making: Makes timely and reasonable decisions and takes necessary action, even in stressful situations.              

**Comments:**

**Performance Indicators: Rating**      **1**   **2**   **3**   **4**

11. Flexibility: Performs other job related tasks as assigned, willingly, timely, and effectively.              

**Comments:**

10. Safety: Performs job assignment safely, protecting people and property.              

**Comments:**

12. Other:              

**Comments:**

**Overall work performance** considering 1-12 above: (Note: Some Performance Indicators may be "weighted" more than others - this should be taken into consideration in the determination of the overall work performance.)

**Unsatisfactory**                       **Needs to Improve**                       **Meets Standards**                       **Exceeds Standards**

**Remarks:**

**Improvement Objective(s):**

Next Review:     1 Year                       2 Years                       3 Years                       Other (not to exceed 3 years.) \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Signature of employee indicates the above Performance Review was discussed with the Reviewer and does not necessarily indicate agreement on the part of the employee. If the employee disagrees with the above review, he/she may submit a written statement to the Division Head within five (5) working days from receipt of the review. The employee's statement will be attached to the Performance Review and submitted to the employee's personnel file.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE ROUTE THIS AS CONFIDENTIAL