VENTURA COUNTY SCHOOLS BUSINESS SERVICES AUTHORITY

PERFORMANCE REPORT FOR CLASSIFIED EMPLOYEES

Name		**Site**			
Position		**Date**		**Status**	

The purpose of this evaluation is to help the supervisor and employee measure how well the employee is performing and to provide a guidance tool for improvement. The employee's job description will be reviewed by the supervisor and attached to this evaluation form.

KEY: 1=Outstanding; 2=Very Good; 3=Satisfactory; *4=Improvement Needed; *5=Unsatisfactory; 6=Not Applicable

***Requires suggestions for improvement.**

CHECK ONLY THOSE FACTORS WHICH APPLY TO THE EMPLOYEE'S POSITION	1	2	3	4	5	6	SUGGESTIONS OR COMMENTS MADE BY SUPERVISOR
QUALITY OF WORK							
Job knowledge							
Accuracy							
Neatness							
Thoroughness							
Planning & Organizing							
Job Skill Level							
QUANTITY OF WORK							
Consider volume of output and extent to which work schedules are met.							
WORK HABITS & ATTITUDES							
Dependability							
Punctuality							
Appearance of Work Station							
Compliance with Instructions, Rules & Regulations							
Accepts Responsibility							
Attendance							
Safety Habits							
Operation & Care of Equipment							
PERSONAL QUALITIES							
Judgment							
Initiative							
Adaptability to Emergencies							
Accepts Change							
Accepts Direction							
Positive Attitude							

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CHECK ONLY THOSE FACTORS WHICH APPLY TO THE EMPLOYEE'S POSITION	1	2	3	4	5	6	SUGGESTIONS OR COMMENTS MADE BY SUPERVISOR
RELATIONSHIPS WITH OTHERS (Employees/Students/Public)							
Exercising Tact							
Accepting Criticism							
Handling Difficult Situations							
Cooperating							
OVERALL RATING							
Overall Rating							

OVERALL WORK PERFORMANCE SUMMARY - SUPERVISOR'S COMMENTS
(Attach additional pages if desired.)

EMPLOYEE'S COMMENTS
(Attach additional pages if desired.)

EMPLOYEE	RATING SUPERVISOR
I have reviewed this report and have had the opportunity to discuss it with my rating supervisor. My signature does not necessarily mean that I agree with the report.	
	Print Name
Signature	Signature
Date	Date

Original: Personnel File Copy: Employee