Brawley Union High School District

EMPLOYEE PERFORMANCE REPORT

(See reverse for instructions)

Name _____ Section _____

Title of Position _____ Original Date of Hire _____ Employment Date, This Position _____

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL PROBATION ☐ REGULAR ☐ OTHER

STATE REASON AS SEPARATION, PROMOTION, DEMOTION, TRANSFER, SUPPLEMENTARY ETC. _____

RATING PERIOD FROM _____ TO _____

SECTION A—ITEMIZED CHECKLIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
ALL EMPLOYEES:						
1. QUANTITY OF WORK						
a. Amount of work performed						
b. Completion of work on schedule						
2. QUALITY OF WORK						
a. Accuracy						
b. Neatness of work product						
c. Thoroughness						
d. Oral expression						
e. Written expression						
3. WORK HABITS						
a. Observance of work hours						
b. Attendance						
c. Observance of rules/regulations						
d. Compliance with work instructions						
e. Orderliness of work						
f. Application of duties						
4. PERSONAL RELATIONS						
a. Getting along with peers						
b. Meeting and handling the public						
c. Personal appearance						
d. Attitude						
5. ADAPTABILITY						
a. Performance in new situations						
b. Performance in emergencies						
c. Performance with minimum instruction						
6. BASIC SKILLS (when applicable)						
a. Reading						
b. Computation						
c. Spelling						
d. Job understanding						
e. Rapport with students						
EMPLOYEES WHO SUPERVISE						
1. Coordinating work with others						
2. Acceptance of responsibility						
3. Establishment of work standards						
4. Training and leading staff						
5. Planning and assigning work						
6. Fairness and impartiality to staff						
7. Control of staff						
8. Adequacy of instructions						
ADDITIONAL ITEMS						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY

COMMENTS:

RATED BY _____ DATE _____
IMMEDIATE SUPERVISOR

REVIEWED BY _____ DATE _____
HEAD OF SECTION
(IF OTHER THAN IMMEDIATE SUPERVISOR)

APPROVED BY _____ DATE _____
SUPERINTENDENT

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME _____ DATE _____

I REQUEST AN APPOINTMENT TO DISCUSS THIS REPORT WITH THE SUPERINTENDENT.

EMPLOYEE'S SIGNATURE _____ DATE _____

IMPERIAL PRINTERS – 17278

WHITE-PERSONNEL FILE CANARY-EVALUATE PINK-EMPLOYEE