

Cache County School District

EMPLOYEE EVALUATION FORM: Classified - Full-Time/Benefited*

Name: _____ Location: _____ Job Assignment: _____

Classified Employees (benefit-eligible) **must** be evaluated annually. This form must be completed each school year after October 15 and before March 15. This form is a formal evaluation. This form may be completed at the supervisor's request or as necessary. Questions regarding the form/evaluation should be directed to the Human Resources Department.

Job Performance Evaluation:

Criteria	Strong	Satisfactory	Improvement Needed	Comments
Communication Skills - Communicates clearly and effectively in oral and written forms.				
Human Relations - Works effectively with a variety of people.				
Judgment - Shows good judgment and makes responsible decisions.				
Planning & Organization - Organizes work effectively and completes work on schedule.				
Quality of Work - Completes work in a useful, accurate, and precise manner.				
Attendance & Punctuality - Reports to work and meetings regularly and punctually. Completes job duties in a timely manner.				
Professionalism - Responds to work situations in a positive and productive manner.				

Comments:

Supervisor's signature: _____ Date: _____

Employee's signature: _____ Date: _____

NOTE: An employee's signature denotes receipt of a copy of the form. Employees who disagree with the results of this evaluation may appeal the evaluation to the Director of Human Resources. Once the form is completed, a copy should be given to the employee, and the original should be sent to the Human Resources Office to become part of the employee's personnel file.

*Please check with Payroll or Human Resources if you have questions about the status of an employee.