NON-CERTIFICATED PERSONNEL

 NAME: TITLE:

DATE: SICK DAYS USED:

|  |  |
| --- | --- |
| EVALUATION KEY: | CODE |
| \* HIGHLY EFFECTIVE = The individual consistently gives outstanding evidence of meeting his/her responsibilities in the stated categories. | H |
| EFFECTIVE = The individual gives good evidence of meeting his/her responsibilities in the stated categories. | E |
| PARTIALLY EFFECTIVE = The individual frequently gives evidence of meeting his/her responsibilities in the stated categories, but needs to develop more consistency as indicated. | P |
| \* INEFFECTIVE = The individual rarely gives evidence of meeting his/her responsibilities in the stated categories and needs to improve in those areas indicated. | I |
| NOT APPLICABLE OR NOT OBSERVED | N |
| *\*An appraisal of H or I in a category will be accompanied by an explanation* |  |

## PERFORMANCE FACTORS

|  |  |
| --- | --- |
| 1. Personal Characteristics: | RATING |
| 1. Degree to which person exhibits a pleasant, cheerful disposition, enthusiasm, sense of humor and an appealing manner with co-workers, district staff and others, and gives evidence of energy and vitality in daily responsibilities. |  |
| 1. Dependability – Evidence of dedication to the demands of the position. Extent to which advice, suggestions, and requests of supervisor are accepted and acted upon. |  |
| 1. Initiative – Evidence of ability to originate and develop constructive ideas and actions. |  |
| 1. Performance Responsibilities: |  |
|  |  |
|  |  |
| C. Personal Employment Attributes: |  |
| 1. Attendance – Has consistent, good attendance. |  |
| 1. Judgment – Soundness of conclusions, decisions and actions. |  |
| 1. Cooperation – Willingness to shift priorities. Response to suggestions/criticisms. |  |
| 1. OVERALL EVALUATION |  |

 COMMENTS: (Include suggestions for performance improvement and follow-ups):

Recommend the reappointment (Non-tenure) Yes \_\_\_\_\_ No \_\_\_\_\_

Recommend for increment Yes \_\_\_\_\_ No \_\_\_\_\_

Signature (Evaluator) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Employee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Your signature above indicates that you have read this memo but not necessarily that you agree with its contents.*