1=Unsatisfactory
2=Needs to Improve
3=Meets Standards
4=Exceeds Standards
5=Outstanding

Santa Monica-Malibu Unified School District
PERFORMANCE EVALUATION FOR CLASSIFIED EMPLOYEES
(Please Read Appendix 3 of the SEIU Contract Before Completing)

Employee: * Classification: * Work Location: *
Permanent: [ ] Probation: [ ] 1st [ ] 2nd [ ] 3rd Evaluation Period: From: * To: *

PERFORMANCE OF ESSENTIAL JOB DUTIES (Please type or write essential job duties below - class description is attached)

	1	2	3	4	5
1. (Fill in Essential Job Duty 1): *	[ ]	[ ]	[ ]	[ ]	[ ]
COMMENTS: *					
2. (Fill in Essential Job Duty 2): *	[ ]	[ ]	[ ]	[ ]	[ ]
COMMENTS: *					
3. (Fill in Essential Job Duty 3): *	[ ]	[ ]	[ ]	[ ]	[ ]
COMMENTS: *					
4. (Fill in Essential Job Duty 4): *	[ ]	[ ]	[ ]	[ ]	[ ]
COMMENTS: *					
5. (Fill in Essential Job Duty 5): *	[ ]	[ ]	[ ]	[ ]	[ ]
COMMENTS: *					
6. Other: *	[ ]	[ ]	[ ]	[ ]	[ ]

Use additional sheets if necessary.**WORK CHARACTERISTICS** (See Evaluation Factors on other side.)

1.	Quality of Work: *	[ ]	[ ]	[ ]	[ ]	[ ]
2.	Quantity of Work: *	[ ]	[ ]	[ ]	[ ]	[ ]
3.	Dependability & Reliability: *	[ ]	[ ]	[ ]	[ ]	[ ]
4.	Work Habits & Attitude: *	[ ]	[ ]	[ ]	[ ]	[ ]
5.	Judgment & Initiative: *	[ ]	[ ]	[ ]	[ ]	[ ]
6.	Safety Rules: *	[ ]	[ ]	[ ]	[ ]	[ ]
7.	Relationship with Others: *	[ ]	[ ]	[ ]	[ ]	[ ]
8.	Attendance & Punctuality (If rating is less than meets standard, fill in a., b., c. below)					

a. Absences are more than [ ] days b. Has been late to work [ ] times c. Has left work early [ ] times without approval

OVERALL PERFORMANCE (Reflects total work performance for this period.)

[ ] Unsatisfactory [ ] Needs to Improve & Areas for Growth [ ] Meets Standards [ ] Exceeds Standards [ ] Outstanding

Comments: Use this space to describe employee's strengths and weaknesses. Give examples of work well done and suggestions of improving performance. Attach additional sheets, if necessary.
Areas of Strength: *
Areas for Growth: *

CLASSIFICATION OF POSITION

Are assigned job duties within the scope of the classification? Please review class description. If either party indicates "No," attach a statement of out-of-class duties to a copy of this form and send it to the Personnel Commission.
Supervisor [ ] Yes [ ] No Employee [ ] Yes [ ] No

Rater's Signature (Supervisor) _____Date_____
List others who had input in evaluation, if any: *
Reviewer's Signature (Dept. Head/Principal)_____Date_____

It is understood that in signing this performance evaluation report you do not imply agreement with the evaluation, but acknowledge having seen, discussed, and received a copy of this report. NOTE: The employee has 10 working days to attach a rebuttal, if desired, prior to this evaluation being filed in the employee's official personnel file.
Employee's Signature_____Date_____