



PERFORMANCE REPORT FOR CLASSIFIED LIMITED TERM EMPLOYEE

To be completed and submitted at discretion of the site manager or supervisor.

Last Name:		First Name:	Initial:
Class Title:		School, Office, Section, Location or Site:	
Rating Period: From: _____ To: _____			
Check in the appropriate box the manner of performance of each of the following factors that applies to the work of this employee. Factors that do not apply to the work of this employee should be marked with either "Not Observed (N/O)" or "Not applicable (N/A)."			
FACTOR	N/O N/A	STANDARD	BELOW STANDARD
Attendance	<input type="checkbox"/>	Reported on time; was ready to go to work and went to work. <input type="checkbox"/>	Was late and ill prepared to start work; left early. <input type="checkbox"/>
Appearance	<input type="checkbox"/>	Was neat and appropriately dressed for work. <input type="checkbox"/>	Dress was inappropriate for the job. <input type="checkbox"/>
Job Accomplishment	<input type="checkbox"/>	Worked well; kept job under control. <input type="checkbox"/>	Got little done. Just as well off without. <input type="checkbox"/>
Relationships	<input type="checkbox"/>	Got along with others. <input type="checkbox"/>	Did not get along well; caused friction. <input type="checkbox"/>
Resources: tools, time, equipment and materials	<input type="checkbox"/>	Made good use of resources in proper sequence; cared for resources well. <input type="checkbox"/>	Did not use resources wisely. <input type="checkbox"/>
Initiative	<input type="checkbox"/>	Did what was expected. Did more when assigned more. <input type="checkbox"/>	Barely managed to do, or did no more than assigned; complained about tasks. <input type="checkbox"/>
Flexibility	<input type="checkbox"/>	Rescheduled effectively to meet changed needs. <input type="checkbox"/>	Did not deal well with change. <input type="checkbox"/>
OVERALL RATING	<input type="checkbox"/>	An employee who did a good job; be satisfied to have again. <input type="checkbox"/>	Would rather not have employee return. <input type="checkbox"/>
Comments: Suggestions to aid employee to improve future ratings, or special commendations should be noted.			
A copy of this "Performance Report" will be placed in your personnel file. You have the opportunity to review and comment thereon in accordance with Education Code Section 44031. If you so desire. Ten (10) days from the date of the "Performance Report" this document and your written response, if any, will be placed in your personnel file.			
RECOMMENDATION BY RATER: It is recommended that this employee:			
a. Be continued for use in a limited term status		<input type="checkbox"/>	
b. Be terminated from further use as a limited term employee		<input type="checkbox"/>	
Signature of Principal	Print Name		Date
Signature of Rater	Title		Date
Signature of Employee	This report has been discussed with me. Signing this form does not necessarily mean that I agree with all the ratings.		Date

DISTRIBUTION:

1. Send Original to Personnel Commission
2. Keep Copy at School or Office
3. Provide Employee a Copy

This report has **NOT** been given to or discussed with the employee. HRS will mail employee copy