

# Please note...

The following form(s) was/were designed to be completed electronically. This feature allows the user to complete the form(s) neatly and in a timely manner. The completed form(s) can only be saved if you are using the full version of Adobe Acrobat. If you are using the Adobe Acrobat Reader, the inputted text will be lost when the document is closed. If you are using the Adobe Acrobat Reader and wish to save your text, you can “cut and paste” it into a word processing (e.g. Microsoft Word) document.

## Instructions:

When the mouse is moved over an area where text can be inputted, the cursor will change from a hand to a text cursor. When the text cursor appears, left click...text can now be entered.

## Examples:

Fill in the blank: \_\_\_\_\_

Hit the “Tab” key and the cursor will jump to the next text box. 1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Check boxes and radio buttons may also be found throughout the document.

**INSTRUCTIONS**

**PERFORMANCE EVALUATION FOR PERMANENT CLASSIFIED EMPLOYEES**

1. An evaluation must be completed at least once a year for each regular employee who is not serving an initial probationary period. Every reasonable effort should be made to evaluate employees at least twenty (20) working days prior to the end of their assignment for the school year.
2. The evaluation is to be completed by the person who is at a supervisory level or higher. Where applicable, other supervisors or managers responsible for directing the employee's work must be consulted. The evaluator must consider the employee's performance over the entire evaluation period.
3. The evaluation is recorded by placing an "X" in the appropriate box opposite the factor being evaluated. Evaluations should be based on the observations or knowledge and not upon unsubstantiated or undocumented charges or rumors. No evaluation can be based on derogatory materials in the employee's personnel file unless the employee has been given prior notice and an opportunity to review and attach his or her comments to such material.

**The evaluator should:**

- a. Discuss the evaluation with the employee.
  - b. Sign the performance evaluation form and obtain the signature of the employee.
  - c. Give the employee a copy of the completed form. If the employee has left the work location, forward the employee's copy to the home address.
  - d. Retain the original copy.
  - e. Follow the above procedures whether or not the employee signs the evaluation. If the employee refuses to sign, indicate this on the employee signature line.
4. Attendance: A number should be placed in the appropriate box to indicate number of hours for each day the employee was absent due to illness, industrial illness, bereavement, personal necessity or unauthorized (unpaid) time away from the job. Do not include personal necessity taken for religious holidays.

5. Factor Definitions:

EXCEEDS STANDARDS – This means that performance for the factor being rated is consistently and noticeably above a proficient level. This performance is clearly obvious.

MEETS STANDARDS – This means that performance for the factor being rated is consistently at a proficient level. The employee has, overall, achieved the expected level of performance.

BELOW STANDARDS – This means a lack of consistent performance at a proficient level for the factor being rated. The employee's performance is inadequate and inferior, and the employee has not achieved the expected level of performance. This rating must be documented by the following:

- A statement of the problem or concern
- The desired improvement
- Suggestions on to how to improve
- Provisions for assisting the employee

6. Overall Work Performance: Before an employee can be rated as "Below Standards" on overall work performance solely due to excessive absences, the employee must have been given the opportunity to discuss the reasons for the absences, and must have been warned that the absences are considered excessive.

If overall work performance is rated as "Below Standards" for reasons other than excessive absences, the evaluator must note on the evaluation whether or not the employee has been previously advised of the specific deficiencies and, if not, the reasons why.

7. Classification of Positions: If there is doubt whether a job duty is appropriate to the current classification, contact the Personnel Commission.

LOS ANGELES UNIFIED SCHOOL DISTRICT – PERSONNEL COMMISSION  
**PERFORMANCE EVALUATION FOR PERMANENT CLASSIFIED EMPLOYEES**

(Please read the instructions on the other side before completing this form)

Full Name (Last Name First) \_\_\_\_\_ Employee Number \_\_\_\_\_

Job Title (Assigned Class) \_\_\_\_\_ Name of Work Location \_\_\_\_\_

Report from \_\_\_\_\_ to \_\_\_\_\_ (indicate time period during which employee is being evaluated)

1. **ATTENDANCE:** Note the number of hours absent each day during the past year, excluding religious holidays of the employee's faith, vacations and school holidays or recesses.

Pay Period	1st Week					2nd Week					3rd Week					4th Week					Pay Period Subtotals
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	
First																					
Second																					
Third																					
Fourth																					
Fifth																					
Sixth																					
Seventh																					
Eighth																					
Ninth																					
Tenth																					
Eleventh																					
Twelfth																					
Thirteenth																					

Comments: \_\_\_\_\_ Total Hours Absent \_\_\_\_\_

	Exceeds Standards		
	Meets Standards	Below Standards	
2. <b>WORK PRODUCT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider job knowledge, job-related judgment, thoroughness, neatness, skill level, employee workload, volume of output, the extent to which work schedules and established priorities of work assignments are met			
3. <b>WORK HABITS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider dependability, punctuality, ability to comply with instructions, and the ability to work without close supervision			
4. <b>RELATIONS WITH OTHERS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider attitude towards and acceptance by other employees, supervisors, school-based personnel, students and the public			
5. <b>ADDITIONAL JOB-RELATED FACTORS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify critical job factors not considered above			
6. <b>OVERALL WORK PERFORMANCE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>CLASSIFICATION OF POSITION:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the assigned job duties within the scope of the classification? If in doubt, review class description. If either indicates No", attach a statement of the out-of-class duties to a copy of this form and send it to the Personnel Commission.			
<b>Supervisor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EMPLOYEE:** The signing of this form is merely acknowledgment of having seen and discussed the evaluation. Your signature does not necessarily imply agreement with the conclusions of your supervisor. If you wish, you may attach an explanation.

Signature of Evaluator \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Reviewer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Written comments made by the reviewer should be discussed with the supervisor & the employee.