

MARIN COMMUNITY COLLEGE DISTRICT

SEIU Employee Evaluation FormPAGE 1 OF 3

| Employee's Name: | Hours of Employment: | |
|--|--|--|
| | | |
| Position: | Evaluation Period: | |
| | From: To: | |
| Type of Evaluation: 3rd Month 🖵 | Evaluator's Name: | |
| Permanent: 🗖 or Probationary: 6th Month 🗖 | | |
| RATINGS: All categories must be supported in the comments section or in the form of an attachment. RATING CODES: 1 = Superior performance. One of the very best. 2 = Above average. Consistently well above what is expected. 3 = Satisfactory. Meets the requirements of the job. 4 = Fair. Generally okay, but some improvement needed. 5 = Unsatisfactory. Not up to requirements of the job. | | |
| PART I. PROFESSIONAL SKILLS | | |
| I. JOB KNOWLEDGE Understanding of all phases of his/her work and related matters. Performance Level: 1 1 2 13 14 15 | | |
| II. QUALITY OF WORK Thoroughness, neatness, accuracy, meeting accepted expectations of the position (acceptability of work produced). Performance Level: 1 1 2 3 4 5 | | |
| III. JOB EFFORT Work output - relative to schedules. Expectations - under norma Performance Level: 1 1 2 3 4 5 | al conditions (amount of acceptable work). | |

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| IV. INITIATIVE 1. Self-starting and takes action on his/her own. 2. Works well without close supervision. 3. Recognizes practices that perpetuate inequity and responds appropriately. Performance Level: 1 1 2 13 15 |
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| V. JUDGMENT 1. Ability to make good decisions from an equity-minded¹ perspective. 2. Recognizes unusual circumstances and responds appropriately. Performance Level: □1 □2 □3 □4 □5 |
| |
| VI. COOPERATION 1. Works effectively with all members of the College's diverse community. 2. Attitude towards work. Performance Level: 1 1 2 13 14 15 |
| VII. ATTENDANCE/PUNCTUALITY Absences are rare, arrival to work on time, returning from breaks on time. Performance Level: 1 1 2 13 15 |
| VIII. SAFETY Understanding and applications of safe practices - observes safety rules. Performance Level: 1 1 2 13 14 15 |

¹The College utilizes the following definitions:
Equity: Recognizing the historical and systemic disparities in opportunity and outcomes and providing the resources necessary to address those disparities.
Equity-minded: The perspective or mode of thinking exhibited by practitioners who call attention to patterns of inequity in student outcomes. These practitioners are willing to take personal and institutional responsibility for the success of students, and critically reassess their own practices. It also requires that practitioners are race-conscious and aware of the social and historical context of exclusionary practices in American education.

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| PART 2. OVERALL EMPLOYEE RATING SUMMARY | | |
|---|------|--|
| Summarize the employee's performance against the total requirement of his/her job: Performance Level: □1 □2 □3 □4 □5 | | |
| Ratings of 1 or 5 must be substantiated by supporting observation and examples. | | |
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| PART 3. EMPLOYMENT RECOMMENDATION | | |
| FOR PERMANENT EMPLOYEES ONLY | | |
| Retention in position at current salary step Placement at next salary step, if applicable | | |
| Retention under special conditions (See recommendation below) Non-retention | | |
| FOR PROBATIONARY EMPLOYEES ONLY | | |
| ☐ Continue in probationary status (3 month evaluation only) | | |
| ☐ Extend probationary status Number of Months (Pending written approval of President) ☐ Recommend Permanent Status | | |
| ☐ Do not recommend Permanent Status | | |
| | | |
| COMMENDATION: | | |
| | | |
| | | |
| *RECOMMENDATION: | | |
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| | | |
| EMPLOYEE COMMENTS IF ANY: | | |
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| | | |
| PART 4. SIGNATURES | | |
| | | |
| Signature of Evaluator | Date | |
| Signature of Employee | Date | |
| Signature of Employee | Date | |
| It is understood that in signing this form the employee acknowledges having seen and discussed the report. The | | |
| employee's signature does not necessarily imply agreement with the conclusion of the evaluator. (Employee comments must be submitted to Human Resources within ten (10) days). | | |
| comments must be submitted to numan resources within ten (10) days). | | |
| Signature of Reviewing Administrator | Date | |
| | | |
| DISTRIBUTION: | | |
| Human Resources, Evaluator, Employee, Employee's Personnel File | | |