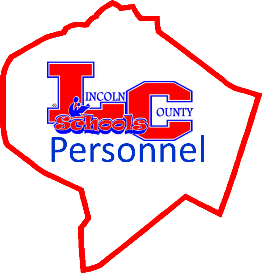
PERSONNEL 03.28 AP.21

-CLASSIFIED PERSONNEL-



NUMBER OF DAYS USED FOR THE SCHOOL YEAR

\_\_\_FULL OBSERVATION YE       SICK       PERSONAL

ANNUAL PERFORMANCE EVAL.       BEREAVEMENT       PD/ACTIVITIES

      JURY DUTY

|  |
| --- |
| **ANNUAL PERFORMANCE EVALUATION FOR CLASSIFIED PERSONNEL** |

|  |  |  |
| --- | --- | --- |
| Name | School/Worksite | Date |

Position:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bus Driver | Custodian | | Migrant Personnel | | |
| Bus Mechanic | FRYSC Personnel | | School Nutrition Employee | | |
| Bus Monitor | Instructional Assistant | | Technology Personnel | | |
| Clerical Personnel | Maintenance Personnel | | 21st Century personnel | | |
|  |  | | Other | | |
|  | |  | |  |
| **Classified Evaluation Areas** | | **Meets** | | **Does Not Meet** |
| Job Knowledge | |  | |  |
| Productivity and Quality of Work | |  | |  |
| Responsibility, Dependability, and Attendance | |  | |  |
| Interpersonal Relations | |  | |  |

|  |
| --- |
| Evaluatee’s Comments: *(Attach additional pages if needed)* |
|  |
| Evaluator’s Comments: *(Attach additional pages if needed)* |
|  |

To be signed after all information has been completed and discussed:

This information has been reviewed and discussed with me. Evaluatee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Information has been reviewed and discussed. Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Opportunities for appeal processes at both the local and state levels are part of Lincoln County Evaluation Plan.

Job Performance Recommendation:  
 Meets standards for re-employment  Corrective Action Plan Required for Re-employment  
 Does not meet standards for re-employment  Intensive Corrective Action Plan Required for Re-employment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature Date