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

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 Supervisor’s Signature Date