

APPENDIX G

		SUPERIOR	ABOVE STANDARD	GOOD	FAIR	UNSATISFACTORY	NOT APPLICABLE
A.2.	WORK HABITS						
A.	Is regular in attendance at work						
B.	Observes established working hours						
C.	Completes work on time						
D.	Demonstrates the ability to work without immediate supervision						
E.	Complies with departmental and College policies						
F.	Complies with instructions, rules and regulations, including health and safety precautions.						

Supervisor's Comments:
Employee's Comments:

		SUPERIOR	ABOVE STANDARD	GOOD	FAIR	UNSATISFACTORY	NOT APPLICABLE
A.3.	WORK ATTITUDES						
A.	Endeavors to improve work techniques						
B.	Accepts new ideas and procedures						
C.	Accepts constructive criticism and suggestions						
D.	Accepts responsibility						
E.	Exercises Judgement						
F.	Adapts to emergency situations						

Supervisor's Comments:
Employee's Comments:

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		SUPERIOR	ABOVE STANDARD	GOOD	FAIR	UNSATISFACTORY	NOT APPLICABLE
A.4.	RELATIONSHIPS WITH OTHERS						
A.	Works well with co-workers						
B.	Works well with the public						
C.	Cooperates with supervisors and other staff members						
D.	Observes established channels of communication						

Supervisor's Comments:
Employee's Comments:

A.5.	SUPERVISORY ABILITY (where applicable):						
A.	Demonstrates leadership ability						
B.	Makes timely decisions						
C.	Is fair and impartial in relationship with subordinates						
D.	Trains and instructs subordinates						
E.	Maintains acceptable performance standards among employees						

Supervisor's Comments:
Employee's Comments:

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Part B.

**COMMENTS OF DEPARTMENTAL SUPERVISOR WHO PERFORMED THIS
EVALUATION**

Recommendation:

Retention
 Dismissal
 No Action required
 Other _____

Signature and Title of Departmental Supervisor

Date

COMMENTS OF EMPLOYEE:

Date of discussion with Supervisor

Signature of Employee (Does not imply Agreement or Disagreement with Evaluation)

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Part C.

COMMENTS OF INTERMEDIATE SUPERVISOR AND/OR CHIEF HUMAN RESOURCES OFFICER WHO REVIEWED THIS EVALUATION:

<p>Recommendation:</p> <p><input type="checkbox"/> Retention</p> <p><input type="checkbox"/> Dismissal</p> <p><input type="checkbox"/> No Action required</p> <p><input type="checkbox"/> Other _____</p>
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Signature *Date*

COMMENTS OF EMPLOYEE:

Signature of Employee (Does not imply Agreement or Disagreement with Evaluation) *Date*