

**IMPERIAL COMMUNITY COLLEGE DISTRICT  
CLASSIFIED EMPLOYEE PERFORMANCE APPRAISAL**

Employee's Name: \_\_\_\_\_ Classification: \_\_\_\_\_ Dept: \_\_\_\_\_

Anniversary Date: \_\_\_\_\_ Date of Last Performance Appraisal: \_\_\_\_\_ Evaluation Period: \_\_\_\_\_

Check the one box that you feel best describes the employee's performance.

<u>Quantity of Work</u> (Output under normal conditions)	Outstanding "	Good "	Satisfactory "	Fair "	Needs Improvement "
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Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>Quality of Work</u> (Neatness, Accuracy, Thoroughness, etc.)	Outstanding "	Good "	Satisfactory "	Fair "	Needs Improvement "
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Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>Job Knowledge</u> (Understanding of Job Related Duties)	Outstanding "	Good "	Satisfactory "	Fair "	Needs Improvement "
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Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>Personal Qualities</u> (Personality, Leadership, Integrity, Ability to Get Along with Co-Workers, etc.)	Outstanding "	Good "	Satisfactory "	Fair "	Needs Improvement "
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Comments: \_\_\_\_\_  
 \_\_\_\_\_  
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<u>Cooperation</u> (Ability and Willingness to Work with Associates, Supervisors, and Subordinates)	Outstanding "	Good "	Satisfactory "	Fair "	Needs Improvement "
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Comments: \_\_\_\_\_  
 \_\_\_\_\_  
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<u>Dependability</u> (Conscientious with Respect to Attendance, Breaks, etc.)	Outstanding "	Good "	Satisfactory "	Fair "	Needs Improvement "
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Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>Initiative</u>	Outstanding	Good	Satisfactory	Fair	Needs Improvement
Earnestness in Seeking Increased Responsibilities; Self- Starting; Not Afraid to Proceed Alone)	"	"	"	"	"

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYEE COMMENTS

1. Self-Assessment - You are encouraged to comment on your performance during this rating period and/or the performance appraisal you were given.

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

2. Personal/Professional Improvement - Do you have plans for either personal or professional improvement during the next appraisal period? If so, what are they?

PERSONAL:

PROFESSIONAL:

SIGNATURES:

1. Employee: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 2. Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 3. Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**(The employee's signature on this document means that the performance appraisal was discussed with the employee and the employee was given the opportunity to make comments on the ratings and recommendations given by the rating supervisor. The signature does not necessarily mean agreement with the evaluation.)**