

**MARICOPA COMMUNITY COLLEGES
EMPLOYEE DEVELOPMENT EVALUATION
SUPPORT PERSONNEL**

Please type or print

EVALUATION WILL BE CONFIDENTIAL

S.S.# _____

Evaluation Status: _____

Name (Last, First & Middle Initial) _____

Location - Dept. _____

Years in Present Job Job Title _____

Grade _____

Appraisal Period _____

From: _____

To: _____

Appraised By: (Administrator/Supervisor) _____

Date: _____

Approved By: (College President or District Administrator) _____

Date: _____

The supervisor may complete an evaluation form on an employee at any time in addition to the annual evaluation.

Place an "X" in the appropriate box and briefly give your comments on this employee concerning the following areas:

	Outstanding	Good	Satisfactory	Fair	Unsatisfactory	Comments
1. KNOWLEDGE OF WORK (Understanding of the various phases, knowledge of the necessary technical fundamentals, etc.)						
2. QUALITY OF WORK (Thoroughness, neatness, accuracy, etc.)						
3. QUANTITY OF WORK (Amount of work accomplished, maintaining time or work schedule, prompt completion of work, etc.)						
4. INITIATIVE (Ability to act on his/her own, etc.)						
5. CARRYING OUT INSTRUCTIONS (Willingness and ability to take instructions and follow through, etc.)						
6. ATTITUDE (Accepts suggestions, responsibility, improves work technique, etc.)						
7. ATTENDANCE/PUNCTUALITY (Consistency in avoiding absenteeism and tardiness. Refer to Policy for determination of excessive absenteeism [Beyond that which is accrued])						
8. OVERALL APPRAISAL (Place an "X" in the appropriate box only)						

9. **MAJOR STRENGTHS AND/OR WEAK AREAS NEEDING IMPROVEMENT**

10. **RECOMMENDATION:**

Information on this form has been reviewed by: _____

Employee's Signature _____

Date _____

Comments by Employee: _____

MARICOPA COMMUNITY COLLEGES ABIDE BY ALL STATE AND FEDERAL NONDISCRIMINATION AND EQUAL OPPORTUNITY REQUIREMENTS

Distribution: Original to District for Personnel File; copies to President and Employee

