

MEMORANDUM OF UNDERSTANDING
Between
Coast Community College District and
Coast Federation of Classified Employees (CFCE)


Classified Evaluation Pilot

It is understood by both parties that every effort will be made to ensure that methods for evaluating classified staff are effective, consistent and fair. Toward that end, the enclosed performance evaluation documents are agreed upon as a pilot program.

1. Classified Employee Performance Evaluation
2. Classified Employee Self-Evaluation
3. Classified Employee Performance Improvement Plan

Based on feedback from classified staff and managers, the evaluation documents will be reassessed for effectiveness by the parties before the end of the Spring 2018 semester on a date to be determined by both parties.


Furthermore, it is the desire of both parties to reach by mutual agreement the best possible resolution regarding the evaluation of employees, and one that supports both the interest of members of the classified service and the District's management team.



Cindy Vyskocil, Ed.D.
Vice Chancellor of Human Resources

1/18/17

Date



Connie Marten
Chief Negotiator, CFCE

1/18/17

Date



David Grant
President, Board of Trustees

18 Jan. 2017

Date

**COAST COMMUNITY COLLEGE DISTRICT
CLASSIFIED EMPLOYEE PERFORMANCE EVALUATION PROCEDURES**

Note to Supervisor:

As you evaluate the employee's performance in their present assignment, base your review on the entire evaluation period and the job description for the employee's classification. Mark the most appropriate box. If the employee's performance is "Does Not Meet Standards" a Performance Improvement Plan (PIP) must be completed and attached with submission to Human Resources.

Intent (Article 10.1): The intent of the performance evaluation is to provide constructive feedback and strengthen communication between the employee and the immediate supervisor. By working together, the immediate supervisor and employee will identify work-related goals, recognize and acknowledge good performance, and identify areas in need of improvement. This process is not intended to be punitive or to replace progressive discipline, but rather, will be used as a tool to enhance employee performance and to provide a means of planning and achieving long-term employment goals.

Evaluation Procedure (Article 10.7): As soon as possible, but at least ten (10) working days prior to the evaluation conference, the immediate supervisor shall inform the classified employee of the date of the evaluation conference and offer the opportunity for the classified employee to complete a self-evaluation.

A. Self-Evaluation: 1. At least five (5) working days prior to the scheduled evaluation conference, the employee may submit the self-evaluation on the Evaluation Report Form. 2. If the employee elects not to complete the self-evaluation, the employee shall inform the immediate supervisor on or before the deadline date, which is five (5) working days prior to the scheduled conference. 3. The employee will have the option of attaching their self-evaluation to the manager's evaluation being placed in the employee's official personnel file.

B. Evaluation Report: The immediate supervisor shall prepare their evaluation for presentation and discussion with the employee, taking into account the self-evaluation completed by the employee, if provided.

C. Conference: The immediate supervisor and employee shall meet to discuss the performance criteria, the employee's self-evaluation (if provided), commendations, and possible recommendations for continued training and performance improvement.

D. Completion of the Evaluation: Following the conference, the immediate supervisor shall give the completed evaluation to the employee to sign and date, indicating receipt of the evaluation. The employee shall be given a copy. The employee's signature on the evaluation report shall not be construed to indicate agreement with its contents.

E. Employee Response: The employee may, within thirty (30) working days of receipt of the completed evaluation report, forward a written statement of response to the immediate supervisor who shall forward it through designated channels to the Office of Human Resources. The employee's evaluation response shall be attached to the original evaluation and placed in the employee's official personnel file located in the District Office.

**SELF-EVALUATION
COAST COMMUNITY COLLEGE DISTRICT
CLASSIFIED EMPLOYEE PERFORMANCE EVALUATION**

Employee Name:	Evaluation Period From: _____ To: _____
Employee ID:	Location:
Position Title:	Supervisor:
Evaluation Type: 3 month _____ 5 month _____ Annual _____ Interim _____	

The Self-Evaluation is an opportunity for you to reflect on your performance, accomplishments, and goals from the above referenced evaluation period. The Self-Evaluation is optional; however, should you elect to complete this form, your manager will review and take it into account while preparing your evaluation.

Technical/Professional Knowledge

Describe how you have demonstrated your technical and professional knowledge in your position.

Professionalism, Collaboration, and Teamwork

Describe how you have developed positive working relationships; objectively considered others' ideas; provided quality customer service; accepted constructive feedback; and have shown adaptability in your position.

Equity and Inclusiveness

Describe how you have demonstrated a respect for and promotion of an inclusive work environment.

Initiative

Describe how you have demonstrated initiative in your work assignment by seeing when something needs to be done and doing it; offering suggestions to improve work processes and the environment; contributing to the overall goals of the department/division; and demonstrating commitment to self-improvement.

Open Narrative Section

This section should include any additional information related to your performance, professional development, and goals that you want your manager to consider while preparing your evaluation.

Employee Signature:

Date:

**COAST COMMUNITY COLLEGE DISTRICT
CLASSIFIED EMPLOYEE PERFORMANCE EVALUATION**

Employee Name:		Evaluation Period:	
Last	First	From	To
Employee ID:		Location:	
Position Title:		Supervisor:	
Evaluation Type 3 month _____ 5 month _____ Annual _____ Interim _____			

Performance Evaluation		
Performance Criteria	Meets Standards	Does Not Meet Standards
Technical/Professional Knowledge Demonstrates appropriate application of knowledge in position-related areas	<input type="checkbox"/>	<input type="checkbox"/>
Communication Demonstrates effective communication both orally and in writing	<input type="checkbox"/>	<input type="checkbox"/>
Work Product (Quality and Quantity) Completes an acceptable volume of thorough and accurate work	<input type="checkbox"/>	<input type="checkbox"/>
Organization of Work and Time Management Demonstrates efficiency in prioritizing; meeting deadlines; use of resources and time to complete work product	<input type="checkbox"/>	<input type="checkbox"/>
Dependability Demonstrates consistent quality work product; reliability; follows through on assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>
Attendance Demonstrates regular and consistent attendance	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality Arrives on time and returns from breaks/lunches within the established work schedule	<input type="checkbox"/>	<input type="checkbox"/>
Equity and Inclusiveness Respects and promotes an environment of inclusiveness	<input type="checkbox"/>	<input type="checkbox"/>

Performance Criteria	Meets Standards	Does Not Meet Standards
Professionalism, Collaboration, and Teamwork Develops positive working relationships; objectively considers others' ideas; provides quality customer service; accepts constructive feedback; adaptability	<input type="checkbox"/>	<input type="checkbox"/>
Initiative Sees when something needs to be done and does it; offers suggestions to improve work process and the environment; contributes to the overall goals of the department/division; demonstrates commitment to self-improvement	<input type="checkbox"/>	<input type="checkbox"/>



Narrative Section
 This section should include but not be limited to: areas of commendation; areas in need of development; contributions to the department and organization.

Goal Section
 This section should include but not be limited to: list of specific activities the employee may participate in within the next twelve months as part of their professional development both in their position and as part of the College/District community. Use SMART goals and include how the supervisor will support the employee to meet these goals.

Review goals from prior evaluation cycles, if applicable:

Professional Development Section

List professional development activities completed; recommendations for future development; examples of development opportunities include but are not limited to: Job Training (Article 18); conferences, Lynda.com, workshops, staff development, webinars, continuing education, professional certification, and participation on campus/district committees.

OVERALL PERFORMANCE RATING

The overall performance rating should be made with the following considerations:

- Majority rating for all individual criteria
- Severity of underperforming areas
- Overall impact of performance within the department and organization

Meets Standards: <input type="checkbox"/>	Does Not Meet Standards: <input type="checkbox"/>
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Performance Improvement Plan (PIP) Required?	Yes <input type="checkbox"/> (Please Attach)	No <input type="checkbox"/>
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Self-Evaluation Attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Employee Signature:	Supervisor Signature:
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Date:	Date:
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Your signature indicates neither agreement nor disagreement with the content of the evaluation; however, it does indicate that you have read the evaluation, and that the evaluation has been discussed between you and your supervisor. I understand that I have thirty (30) working days, after signing this evaluation, to submit a written response. I further understand that I have ten (10) working days request a review if I believe that the evaluation contains or is based on false information.

PERFORMANCE IMPROVEMENT PLAN (PIP) CLASSIFIED EMPLOYEES

Employee Name:		Evaluation Period:		
Last	First	From	To	
Employee ID:		Location:		
Position Title:		Supervisor:		
Evaluation Type	3 month _____	5 month _____	Annual _____	Interim _____

The purpose of this form is to create an action plan for improving any areas marked "Does Not Meet Standards" on the Classified Employee Performance Evaluation form.

The PIP defines areas in your work performance which need improvement, identifies requirements, and provides an opportunity to demonstrate improvement. *Please attach this plan to the evaluation form.*

STEP ONE: Areas for Improvement

STEP TWO: Expectations to Meet Standards (specify how improvement can be made)

STEP THREE: Assistance/Resources/Trainings (what is available to help employee meet the goals/expectations)

STEP FOUR: Required Outcomes (what must be accomplished to demonstrate progress using clear and specific language or examples)

STEP FIVE: Required Conference (must meet at the end of thirty (30) working days to discuss progress on the plan.)

Scheduled Conference Date: __/__/20__

STEP SIX: Required Signatures

A. Immediate Supervisor's Signature indicates that s/he has discussed this Performance Improvement Plan with the employee.

Supervisor's Signature: _____ Date: __/__/20__

B. Employee's Signature acknowledges that this PIP has been discussed with s/he by the Immediate Supervisor and understands that this PIP will be attached to their Performance Evaluation.

Employee's Signature: _____ Date: __/__/20__

STEP SEVEN: PIP (follow-up) Conference and Outcomes

Actual Conference Date: __/__/20__ (If date is different than step five above, please explain)

PIP Outcomes:

Acknowledgement: The employee and supervisor have discussed the completion of this PIP and Outcomes, and the employee has received a true and correct copy of this completed document.

Supervisor:

Employee: