

Memorandum of Understanding
Between the Chabot-Las Positas Community College District and the
Service Employees International Union, Local 1021
March 15, 2024

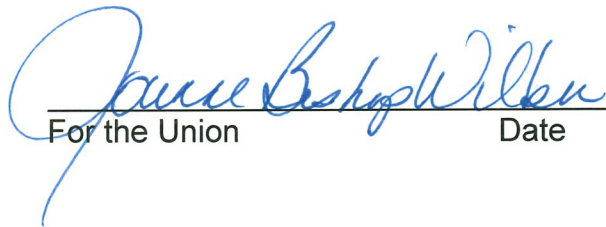
The parties met and agree to the updated changes to the classified evaluation form and the creation of Performance Improvement Plan form for bargaining unit members as attached.

1. Classified Evaluation Form (see attached)
2. Performance Improvement Plan form (see attached)



For the District

4/18/24
Date



For the Union

4/10/2024
Date



Chabot-Las Positas College Community District

CLASSIFIED PROFESSIONAL EMPLOYEE PERFORMANCE EVALUATION

Employee Name (First, Middle, Last):		Employee W#:
Employee Job Title:		Supervisor Name:
Please Check Type of Report		Evaluation Period: From _____ to _____
New Hire Probation <input type="checkbox"/>	<input type="checkbox"/> 3-mo <input type="checkbox"/> 5-mo	In accordance with section 9.2.1, 9.2.2, 9.2.2.1, 9.2.2.2 and 9.2.2.3
Promotional Probation <input type="checkbox"/>	<input type="checkbox"/> 3-mo	
Annual <input type="checkbox"/>		In accordance with section 9.4.1
Special <input type="checkbox"/>		In accordance with section 9.4.2

Evaluation Purpose:

Recognizing that employees comprise the District’s most valuable resource, performance evaluations encourage excellence by providing a written assessment of work performance. The performance evaluation system is designed to communicate performance standards for the position and encourage growth and improvement of performance for the future.

Evaluation Procedures for the Supervisor:

As you evaluate the employee’s performance in his or her present assignment, base your review on the entire evaluation period and job description for the employee’s classification. Consider each category and mark the box that most closely represents the employee’s performance throughout the evaluation period. If the employee’s performance is below “Meets Expectations”, this must be substantiated in the appropriate narrative sections on pages 3-4 or attached as supplemental information.

General Directions:

1. Supervisor and employee must sign and date the evaluation form, with one original and two copies per the distribution list below. If additional space is required for comments, please attach additional sheets.
2. Distribution:
 - a. Third copy: Supervisor will give one copy to employee at time of evaluation conference.
 - b. Second copy: Supervisor send original and second copy to next higher person in the administrative channel for review (sign/date all copies).
 - c. Reviewer send original, signed and dated, to the President/Vice Chancellor/Chancellor then to the Vice Chancellor, Human Resources for processing and appropriate action. This original is for permanent retention in the employee's personnel file.
3. Prior to completion of the Performance Evaluation Report, it is recommended that the supervisor and reviewer(s) review Article 9, Evaluation Procedures, of the SEIU Local 1021/CLPCCD Collective Bargaining Agreement for unit members.
4. SPECIAL EVALUATION: Special evaluation reports may be made in compliance with Article 9.3.

Categories	Exceeds Expectations	Meets Expectations	*Needs Improvement	*Unsatisfactory
<i>As you evaluate the employee's performance in his or her 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 below "Meets Expectations" it must be substantiated in the appropriate narrative sections on pages 3-4 or attached as supplemental information..</i>	Performance is exemplary much of the time.	Performance is competent, reliable and meets standards.	Performance is below job requirements.	Performance is repeatedly below job requirements.
Quality of Work (Thoroughness and accuracy of work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work (Acceptable volume of work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Work (Demonstrated knowledge and understanding of all phases of this job and closely-related matters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability (Reliability in completing assignments and instructions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of Work and Time Management (Demonstrated efficiency in prioritizing, organizing and scheduling daily work; attention and application to work; minimal distractions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative (Demonstrated ability to originate or develop ideas for improving efficiency/productivity, seek challenges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and Professionalism (Demonstrated ability to work with and assist others; demonstrates professional work behaviors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership (If applicable) (Leads in a manner that promotes productive and quality work; motivates others to realize their potential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Status of Goals from Previous Evaluation Period

Goal	Status <i>(See key below)</i>

Please attach sheet if more room is needed for comments.

Key:

1: No Longer Applicable to Current Department Needs

2: Successful Completion or on track for timely completion

Category	Comment Section
<p>Training and/or Professional Development (If applicable) (Since the last evaluation, what training or professional development has been completed or is in process)</p>	
<p>Adaptability (Demonstrates the ability to learn new tasks, develop new skills and to accept new ideas as the work environment changes over time)</p>	
<p>Strengths (Summarize the employee's significant strengths on the job)</p>	
<p>Growth Opportunities and Constructive Feedback</p>	
<p>Note: Occasional failures or mistakes may be considered a normal part of the learning and growth process, and they may not necessarily indicate non-standard work performance. However, consistent or repeated failures to meet expectations, achieve desired outcomes, or address performance feedback can lead to the assessment of non-standard work performance.</p>	
<p>Areas for Growth (If applicable, highlight areas of potential growth that may enhance the employee's contributions to his/her work unit, College and/or CLPCCD)</p>	
<p>Narrative for "Needs Improvement" or "Unsatisfactory" rating(s). (If appropriate, provide recommendations or improvement plan as needed)</p>	

Please attach sheet if more room is needed for comments.

Goals for Next Year

Goal (Minimum of 1 and Maximum of 3)

Note: A goal is a work-related outcome you want to achieve. A goal is not meant to be punitive in nature. Supervisors and employees are encouraged to collaborate and establish mutually agreed-upon goals

Criteria for Goals:

1. Clarity and understanding.
2. Relevance and attainability
3. Resource optimization.
4. Clear evaluation criteria.
5. Alignment with job description.

1.	
2.	
3.	

Please attach sheet if more room is needed for comments.

SUPERVISOR'S RECOMMENDATION

<input type="checkbox"/>	A	<i>End of 3-Month Probationary Period</i>	<i>This employee should continue probationary employment. *</i>
<input type="checkbox"/>	B	<i>End of 5-Month Probationary Period</i>	<i>This employee should continue probationary employment. *</i>
<input type="checkbox"/>	E	<i>Probationary Release</i>	<i>Not recommended for continued employment</i>
<input type="checkbox"/>	F	<i>Special Evaluation</i>	<p><i>For probationary employees, see Article 9.2.2.1 of the CBA.</i></p> <p><i>For non-probationary employees, see Article 9.3 of the CBA.</i></p> <p><i>Scheduled for (Date):</i> _____</p>

**** Any evaluation containing one or more Needs Improvement and/or Unsatisfactory ratings shall include a performance improvement plan (PIP), given at time of evaluation and attached to evaluation.***

This applies to employees who continue in employment.

Form can be found [Classified Evaluation](#)

All PIPs should be completed during the evaluation

SIGNATURES

A. Employee: I have read and received a copy of this Performance Evaluation Report. In signing this report, I acknowledge that I have read it and understand the contents. My signature does not necessarily indicate agreement. I understand that I have ten (10) working days, after signing this evaluation, to submit a written response and/or a written request for review, per Article 9.7 of the SEIU Local 1021/CLPCCD Collective Bargaining Agreement.

_____ Optional employee self-assessment completed and attached.

_____ Performance Improvement Plan (*attached if applicable*)

_____ I consent to sharing a copy of this evaluation and all supporting documents with SEIU.

Signature – Classified Professional

Date

B. Supervisor: I have discussed this evaluation with the employee on the date indicated.

Signature – Supervisor

Date

C. Reviewed by:

Signature – Manager (e.g. Dean)

Date

Signature – Manager (e.g. Vice President)

Date

D. For Appropriate Action:

Signature – President/Vice Chancellor/Chancellor

Date

Signature – Human Resources

Date

Performance Improvement Plan

Date Administered: _____

Employee Name		Employee W Number	
Job Title		Manager Name	
Evaluation Period		Department	

Area of Improvement:	
Analysis	Plans for Improvement

Area of Improvement:	
Analysis	Plans for Improvement

Area of Improvement:	
Analysis	Plans for Improvement

TIMELINE / EXPECTATIONS

3.15.2024

Example: Weekly/Biweekly/Monthly/Quarterly Meetings

SIGNATURES:

Employee

Manager

Date

Date

Signature- Human Resources

Date

Appendix 1: