

Harlan County Public Schools

Classified Evaluation

- CLASSIFIED PERSONNEL -**Evaluation**

Each classified employee shall be evaluated at least once each year. This evaluation shall be performed by the Principal or the immediate supervisor and shall be based upon a formal procedure approved by the Superintendent for that specific position or class of positions. The administrator performing the evaluation shall share and discuss the evaluation report with the employee. The employee shall have the right to comment in writing on the evaluation report. The employee's written comments shall be attached to the evaluation report, and the report shall be filed with the Superintendent.

Adopted/Amended: 4/14/1993

Order #: 37

Classified Evaluation Process

Frequency and Time: Each classified Employee shall be evaluated at least once each year. This evaluation shall be performed by the principal or the immediate supervisor, or an alternate supervisor appointed by the Superintendent. The evaluation shall be completed by April 1st.

Evaluation Procedure: Summative evaluations shall be made in writing and the evaluator shall hold a conference with the evaluatee. The employer's written comments (if any) shall be attached to the report and the report filed with personnel records in the central office. An appeal process is available to employees who wish to appeal their evaluation.

Formative Evaluation: A formative classified personnel evaluation document labeled as 03.28 AP 21 is included in the classified evaluation plan as a tool which may be used to assist supervisors with clarifying evaluator expectations. This form may be completed solely at supervisor's discretion if an issue arises with an employee regarding one of the four standards. The formative classified evaluation document is an optional document/resource to assist supervisors in the evaluation process.

Evaluation Appeal: An employee may appeal his/her evaluation as follows:

1. The employee may request a review of his/her evaluation with the immediate supervisor/designated supervisor and the superintendent/designee. The request must be made in writing on the Evaluation Appeal Form 03.28 AP 22 within five (5) days of the initial summative evaluation.
2. If a review is requested by the employee, the Superintendent/designee shall set the time and place of the review meeting with the employee and immediate/designated supervisor.
3. During the review process, the employee shall be given the opportunity to present any evidence or testimony supporting his/her position.
4. Within ten (10) working days of the hearing, the Superintendent/designee shall prepare and forward to the employee and the employee's supervisor a written response to the appeal.
5. All information relating to the employee's evaluation shall be placed in the employee's personnel file.
6. Time limits set forth in this section may be extended by the written mutual agreement of the employee and Superintendent or District Personnel Director.

Related: 03.28

Classified Evaluation policies including procedures for non-renewal of contract are included in board policies all of which can be found on the district web-page or can be obtained from the Personnel Director upon request. Related classified personal policies are attached but are not inclusive of all classified personnel policies.

Harlan County

Classified Summative Evaluation Form

Name _____ Position _____

Employed Since _____ Work Site _____

MEETS DOES **NOT** MEET

Standard 1 (Job Knowledge)

Knowledge of the information, procedures,
Materials, equipment, techniques, etc...
Required for the position.

Standard 2 (Productivity and quality of work)

Completion, accuracy, timeliness, and volume of work

Standard 3 (Responsibility, dependability, & attendance)

Ensures the successful completion of tasks, effort made
To meet work demands, attendance, dependability, and
General assistance

Standard 4 (Interpersonal Relations)

Positive collegial relationships with other employees,
Students, supervisors, the community and a willingness
To help others perform required duties and to help
Others accomplish tasks

Overall Rating

Failure to meet any one standard may be grounds for nonrenewal of contract

Evaluator Comment _____

Evaluatee Comment _____

(additional pages may be added as needed)

Evaluatee () I agree with the summative evaluation Signature _____

() I disagree with the summative evaluation Date _____

Supervisor Recommendation

() meets standards for reemployment () Does NOT meet standards for reemployment

Evaluator signature _____ Date _____

Disagreement with this evaluation should follow the Harlan County Evaluation Appeal process outlined
In the classified evaluation process.

Harlan County Public schools
Termination and/or Suspension without Pay
Classified Employee

In compliance with board policy 3.27 any classified employee who is terminated under KRS 161.011 or suspended without pay shall be:

1. Given written notification of charges against him/her.
2. Informed of their right to meet with the Superintendent to discuss charges.
3. Given a form, the signing and filing of which will constitute a demand for a meeting and a denial of charges.

Notice of Personnel Actions – Due Process Provision (Suspension without pay/termination)

Dear _____

In compliance with KRS 161.011, you are hereby notified that your contract with the district will
 NOT be renewed/terminated OR you will be suspended without pay for a period of _____ days for the following reason(s):

- Incompetency Inefficiency Neglect of Duty
 Insubordination Misconduct Immorality
 As stated in Board Policy 03.2711
-
-

Your termination is effective _____

Your suspension without pay will begin on _____ and last until _____ for a total of _____ working days.

You may request, in writing, a meeting with the Superintendent and that I provide you with a specific and complete written statement of the grounds for your termination or suspension without pay. You must make the request with ten (10) days of the receipt of this notice.

I, _____ am requesting a meeting regarding my termination or suspension without pay.

(by returning this form signed on the line above you are requesting a meeting with the Superintendent and denying the charges placed against you.)

Sincerely,

(Superintendent's Signature)

Date _____

Evaluation Appeal Form Classified Employee

Instructions:

This form is to be used by classified employees who wish to appeal their final summative evaluation. If you feel that you are not fairly evaluated you may submit an appeal to the Superintendent by completing this form and returning it to the Superintendent with five (5) working days of receipt of your summative evaluation.

Employee Name _____

Worksite/School _____

Position:

- Bus Driver
- Custodian
- Instructional Assistant
- Clerical Personnel
- Food Service Employee
- Maintenance Personnel
- Bus Mechanic
- Other, specify _____

What specifically do you object to and why do you feel you were not fairly evaluated? If additional space is needed, attach additional sheet.

Date you received your evaluation _____

Evaluator's name _____

(Employee's Signature)

(Date)