Return to Central Office By _____

◯ Hourly ◯ Salaried

Date of Review _____

Central Office Use Only

Effective Date _____

Score _____

Amount of Raise _____

Comments

Eastern Howard School Corporation

Non-Certified Employee Evaluation

Name of Employee _____ Position _____

Sick Days Per Year _____ Accumulated Sick Days _____ Sick Days Used _____ As Of _____

Personal Days Per Year _____ Personal Days Used _____ As Of _____

Vacation Days Per Year _____ Vacation Days Used _____ As Of _____

Please Use the Following Scale When Ranking Each Item

****You must document reasons for low rankings (1 or 2) in the space provided in each category****

Excellent **5** *Very Good* **4** *Good* **3** ****Needs Improvement**** **2** ****Unsatisfactory**** **1**

Area of Evaluation (Complete All Areas Please)	Score
1. Follows directions of Supervisor	
2. Has good attendance and is punctual	
3. Maintains a positive work climate and promotes teamwork	
4. Communicates effectively with students and staff	
5. Quality and quantity of work are of importance	
6. Knowledgeable about job	
7. Demonstrates initiative	
8. Adheres to Corporation Policy(s)	
9. Displays confidence in self and work	
10. Presents a professional demeanor/appearance	
Total Score	

Written comments by the Supervisor/Evaluator

The Evaluator shall address expectations for any area of (2) Needs Improvement or (1) Unsatisfactory Performance

Eastern Howard School Corporation

Non-Certified Employee Pay Increase Scale and Employment Recommendation

Score	Amount	Raise for Top Pay
30-50	Annual Board Approved Raise	100%
25-29	Maximum 50% Annual Board Approved Raise (Terms for Probation)	50%
less than 25	No Raise (Terms for Probation or Termination)	0%

Employee score

- ◯ I recommend continued employment with a pay/wage increase (30-50 points)
- ◯ I recommend probationary status and continued employment with a pay/wage increase (25-29 points). The maximum pay increase would be 50% of the board approved raise.
- ◯ I recommend probationary status and continued employment without a pay/wage increase (below 25 points).
- ◯ I recommend immediate termination (below 25 points).

Supervisor or Evaluator Signature _____ Date _____

Principal or Director Signature _____ Date _____

Central Office Administrator Signature _____ Date _____

I have seen and reviewed this performance evaluation with my immediate supervisor.
I understand my signature does not constitute agreement or disagreement with the evaluation.

Employee Signature _____ Date _____

*Evaluation must have the review and signature of Central Office Administrator before any final action. Any increase in wages/salary will be implemented the following school year after approval of Central Office

Annual increase will be recommended by the superintendent based upon the corporation's budget and expected revenue.