

CHAPTER XVI

EMPLOYEE EVALUATION

Probationary Employees

All CONFIDENTIAL employees will be evaluated in writing by their immediate supervisor on the appropriate form set forth in Appendix C.

For the purposes of this article, an immediate supervisor shall be that first level position, not a position in the CONFIDENTIAL unit unless acting out of class, whose position specifies that they are to direct the work of CONFIDENTIAL staff and participate in the evaluation of CONFIDENTIAL staff, the first level position specified as supervisory, or the first level position specified as management to which the position reports.

Newly hired employees shall serve a twelve (12) month probationary period. Progress evaluations (see Evaluation Form – Appendix E-1) for all probationary employees shall be submitted on or about the end of the third (3rd), sixth (6th), and ninth (9th) month from the date of appointment to the position.

Continued employment, beyond the twelve (12) month probationary period, shall indicate that the employee has achieved permanency.

Permanent Employees Appointed to a New Position

Progress evaluations (see Evaluation Form C-2) for permanent employees appointed to a new position shall be submitted twice during the first (1st) year in the new classification.

The evaluation procedure shall be as follows for both probationary and permanent employees appointed to a new position:

- a. The immediate supervisor shall meet with the employee
- b. Each element of the evaluation shall be discussed
- c. Strong areas shall be noted
- d. Weak areas shall be explained and specific recommendations made as to methods to be used to achieve improvement
- e. The evaluation shall be signed by the immediate supervisor, and the person to whom the immediate supervisor reports, prior to the time of this meeting
- f. The employee shall sign the evaluation; such signature indicating neither concurrence nor objection to the content, and the employee shall at this time have the opportunity to indicate a request for further review of the evaluation, or his/her intent to file a written rebuttal.

Any deficiency reported in the progress evaluation shall be accompanied by written documentation showing that the supervisor counseled the employee regarding the deficiency at the time it was noted. Such documentation shall include the date the counseling took place and instructions given the employee regarding methods to be used to achieve improvement.

CHAPTER XVII

HIRING PROCEDURES FOR CLASSIFIED CONFIDENTIAL PERSONNEL

The hiring process is outlined in District Operating Procedure PE-9.

CHAPTER XVIII

CONFLICT OF INTEREST

All employees should avoid any conflict between their own interests and the interests of the District. This includes employment of relatives, dealing with suppliers, customers, and all other organizations or individuals doing or seeking to do business with the District or any affiliate.

CHAPTER XIX

SECONDARY EMPLOYMENT

You are expected to devote the time and energy to get the job done. Therefore, we expect you to not engage in any outside employment which may interfere with your assigned responsibilities, jeopardize the District or its assets, or require personal attention or work that may alter your physical or mental effectiveness.

CHAPTER XX

PERSONNEL RECORDS

It is your responsibility to keep the District advised of personal information that affects your benefits status:

Change of address

Change of name

Change of marital status

Birth of new family members

Cards are available at the District Employment Services to convey this information. It is extremely important to keep this information up to date.

CHAPTER XXI

EMERGENCIES AND NATURAL DISASTERS

CONFIDENTIAL employees should familiarize themselves with information provided by the District Risk Management/Benefits Office and the Health Services Offices on the two campuses. Copies of appropriate publications should be available for ready reference.

CHAPTER XXII

CONFIDENTIAL EMPLOYEES TEACHING

CONFIDENTIAL employees should be judicious in their acceptance of teaching assignments and should make certain that the acceptance of such an assignment does not interfere in any way with the performance of their regular duties. CONFIDENTIAL employees may not teach more than one class or section per semester and such assignment must be outside of the regular 8:00 a.m. - 5:00 p.m. workday. Acceptance of such teaching assignments should be made in consultation with the immediate supervisor.

CHAPTER XXIII

SKILLS DEVELOPMENT

Fee Waiver For Credit Classes

CONFIDENTIAL personnel will be permitted to take credit classes at any campus in the District with enrollment fees waived. Registration of personnel will be based on normal District priorities.

Unit members shall be reimbursed \$25 per unit for fees or book expenses for job related courses taken outside the Grossmont-Cuyamaca Community College District at an accredited institution of higher education. Reimbursement will be made upon successful completion ("C" grade or better or equivalent). This course work must be pre-approved for job relatedness by the immediate supervisor. (See M-Drive-Public-Procedure—Procedure BE 4 and BE 4 F1)

Equipment / Software Program

The Equipment / software purchase program was established with initial allocation of \$3,000. Opportunities for unit members to purchase equipment and software used by the District are established by lottery administered by the confidential unit.

**ACKNOWLEDGEMENT OF RECEIPT
OF CONFIDENTIAL EMPLOYEE HANDBOOK**

I acknowledge that I have received a copy of the CONFIDENTIAL Handbook and understand that it contains information on general personnel policies of the Grossmont-Cuyamaca Community College District. I will familiarize myself with the information contained in the Handbook and understand that I am governed by its contents.

This Handbook is published by the Employee and Labor Relations Office for the general guidance of all employees in matters related to district personnel practices. Specific questions or concerns regarding any of the information contained herein should be referred to the District Employment Services or Employee and Labor Relations for clarification or additional information. This handbook is not intended to modify or supersede any Governing Board or District policy or procedure or any provision of law.

Name (please print) _____

Signature _____

Date _____

APPENDIX

GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT

CONFIDENTIAL EMPLOYEE HANDBOOK

Revised 8/9/11

INSURANCE PLANS

Medical and Dental Insurance plan description and information is available online at <http://www.gcccd.edu/benefits/Default.asp>:

Life Insurance:

Hartford(via JPA)	(Basic) Cert. # GL-28848-9 Policy # 83146-851
\$50,000 (Incl. AD&D)	(Voluntary-Portable) Cert. # GL-36549-1 Policy #83146-852

Long-Term Disability:

Hartford(via JPA)	390697
-------------------	--------

125-Plan (Optional):

(American Family Life Assurance Company of Columbus (AFLAC))

Hyatt Legal Plan (Optional)

Other voluntary optional plans may be added during the year.

No duplication of coverage.

An employee may not be covered in GCCCD plans as an employee or retiree and at the same time be covered as an eligible dependent of an employee or retiree. An employee may not be covered in more than one category. Employees who are also dependents of other employees or are dependents who become eligible as an employee must elect to be enrolled as a dependent or elect to be covered as an employee in the other plan. For example, if a dependent of an employee is covered under the Direct Health plan and then they become eligible for coverage as an employee, they may remain a dependent in Direct Health or enroll in Kaiser as an employee.

Employee Assistance Program (EAP)

Integrated Insights Employee Assistance Plan

1. Active CONFIDENTIAL Employees' Coverage:

The District shall pay premiums for active permanent CONFIDENTIAL employees and their eligible dependents for the fringe benefits detailed above.

Active CONFIDENTIAL Opting Out:

No active CONFIDENTIAL employees or dependents will be permitted to opt-out of District coverage.

2. **Retirees' Coverage:**

- a) The District shall pay premiums for medical and dental insurance detailed in Appendix B for eligible retired employees who have completed ten (10) years' service in the District as permanent CONFIDENTIAL employees.*
1. Retirees and dependents in HMO and/or network service areas will be covered by either Kaiser or the self-funded plan.
 2. Retirees and dependents outside the HMO or network service areas will be covered by opt-out or the self-funded plan.
 3. Retirees residing in HMO and network service areas may change between Kaiser and the self-funded plan during the open enrollment periods.
 4. Retirees residing outside the Kaiser service areas may change from Kaiser to the self-funded plan during the open enrollment period, but may not change from the self-funded plan to Kaiser.
- b) The District shall discontinue paying medical and dental insurance premiums for the retiree and their dependents at age sixty-five (65). At sixty-five (65) years of age the retiree, and in accordance with COBRA, may choose to convert the medical and dental insurance at his/her own expense, at the premium level prescribed by the insurance carrier and governmental regulations.

Retirees Opting Out:

Retirees who are under the age of 65 and who meet one of the requirements below:

- a) Retirees residing outside of the United States will receive a payment equal to 77% of the monthly premium for the least costly health plan offered to staff for a single party or a payment equal to 77% of the monthly premium for the least costly health plan offered to staff for a retiree and their spouse in lieu of direct coverage.
- b) Other retirees may opt-out from medical coverage and receive a payment equal to 77% of the monthly premium for the least costly health plan offered to staff for a single party or both the retiree and their spouse may opt-out and receive a payment equal to 77% of the monthly premium for the least costly health plan offered to staff. Retirees who opt-out with alternate insurance will be permitted to return the first of the month following proof of loss of the alternate insurance.
- c) Payments will be made in April and October.

3. **Death of an Active Employee or Retiree:**

When an eligible general classified employee or retiree dies, the District shall continue to pay the premiums for medical and dental insurance for the surviving spouse and eligible dependents for two (2) years from the date of the death of the unit member. Thereafter, the spouse and **eligible** dependents shall have the option of continuing the benefits at their expense at the premium level prescribed by the insurance carrier and governmental regulations.

* Including the initial one (1) year probationary period.

RETIREMENT STIPEND CALCULATION SHEET

Grossmont-Cuyamaca Community College District

Retirement Stipend Calculation

Name:

Retirement Date:

Birth Date:

Current Employee Salary & Benefits

	Year 1	Year 2	Year 3	Total
Current Base Salary				0
Longevity				0
Total Salary	0	0	0	0
PERS (1)				0
FICA (1)				0
Medicare (1)				0
SUI (1)				0
Workers Comp (1)				0
LTD (1)				0
Health & Welfare (2)				0
Total Benefits	0	0	0	0
Total Salary & Benefits	0	0	0	0

Replacement Employee Salary & Benefits

	Year 1 Step A	Year 2 Step B	Year 3	Total
Base Salary				0
Longevity				0
Total Salary	0	0	0	0
PERS (1)				0
FICA (1)				0
Medicare (1)				0
SUI (1)				0
Workers Comp (1)				0
LTD (1)				0
Health & Welfare (2)				0
Total Benefits	0	0	0	0
Total Salary & Benefits	0	0	0	0
Health & Welfare Cost for Retiree (2)	0	0	0	0
Total Cost	0	0	0	0
Retirement Stipend			0	0

(1) Payroll taxes will be based on CY Adoption Budget rates

(2) H&W rate will be based on CY Adoption Budget rates for the 1st year, 2nd and 3rd year will be based on average increase/decrease for the previous two fiscal years.

GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT CONFIDENTIAL Probationary Personnel Evaluation

Employee _____
 Classification _____
 Department _____
 Immediate Supervisor _____
 Annual _____ Special _____ Progressive _____ Probationary _____

Rating Date From: _____ to _____

Due in Employment Services by: _____

E X C E E D S	S T A N D A R D S	M E E T S	S T A N D A R D S	D O E S N O T M E E T	S T A N D A R D S	DEFINITIONS OF EVALUATION COLUMNS:	
						EXCEEDS STANDARDS -	Work performance is consistently superior to the standard of performance required for the position.
						MEETS STANDARDS -	Work performance is consistent in meeting the standard of performance required for the position.
						DOES NOT MEET STANDARDS -	Work performance is consistently below the standard of performance required for the position.
						1. KNOWLEDGE OF WORK:	has required skills, knows routines and related general information; confers and plans efficiently and effectively.
						2. QUALITY OF WORK:	has capacity for organization, neatness and accuracy; seeks assistance when necessary.
						3. QUANTITY OF WORK:	completes work in reasonable length of time; maintains reasonable work speed. Takes initiative in areas of responsibility.
						4. USES OF GOOD JUDGMENT:	assumes responsibility when necessary; respects confidences; attempts to resolve conflicts in a professional manner; seeks opinions of associates when appropriate.
						5. RELATIONSHIPS:	responds with courtesy, warmth and good judgment; is cooperative and tactful. Keeps personal feelings from interrupting and damaging professional relationships; strives to be objective in professional relationships with staff and colleagues; possesses enthusiasm and good sense of humor; communicates effectively. Gains respect of associates.
						6. RELIABILITY:	is regular in attendance and punctual in work hours; dependable; able to do required jobs well with minimum supervision..
						7. ATTITUDE:	is interested and enthusiastic about work; is willing to accept and act upon reasonable suggestions and constructive criticism. Complies with rules and regulations.
						8. JOB SKILL LEVEL:-	relates to the mental and/or manual skills required.
						9 LEADERSHIP ABILITY:	seeks to understand a situation before passing judgment; makes constructive criticism in a professional manner; stimulates employees with whom he/she works and keeps morale high; shows evidence of sound judgment and decision-making ability.
						10. STABILITY:	ability to withstand pressure and remain calm in crisis situations.
						11. PROFESSIONAL GROWTH:	develops and is willing to experiment with new ideas; endeavors to improve skills.
						12. COMPLIES:	with district safety rules and regulations and conducts safety training for employees.
						13. OVERALL EVALUATION:	summary of all aspects of job performance.

Comments by Immediate Supervisor Yes _____ No _____ (Attach additional sheet if necessary)

 Immediate Supervisor's Signature Title Date

Comments to be attached by employee: Yes _____ No _____ (Attach additional sheet if necessary)

Yes _____ No _____ I request further review of this rating by the Chancellor or designee

Employee: I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement with the ratings and that I have the right to attach my comments to this report which I will submit in five (5) working days.

 Employee's Signature Title Date

 Manager's Signature Title Date

EVALUATION FORM

INSTRUCTIONS:

1. Check appropriate box for each evaluation factor: exceeds standards, meets standards, does not meet standards. Use the space provided for comments and attach additional sheet(s) if necessary.
2. If "does not meet standards" is checked:
 - a. Include specific directions as to how the employee can achieve improvement.
 - b. Attach written confirmation of employee counseling, showing the date(s) the employee was counseled regarding each deficiency indicated, and the goals set at that time for improvement.
3. The supervisor will meet with the employee to explain each element of this evaluation. The employee shall be told the reason(s) for any deficiencies, and be given specific direction as to action required to correct them.
4. Immediate supervisor and next level of management will sign the evaluation form prior to the meeting with the employee.
5. Return completed form to Employment Services for distribution.

**GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT
ANNUAL PERFORMANCE ASSESSMENT
FOR NON-PROBATIONARY CONFIDENTIAL STAFF**

Employee Information

Employee Name:			
Job Title:		Department:	
Supervisor (Rater):			
Date:		Review Period:	to

Instructions

1. **It is the intent of the administration that annual performance assessment accomplish the following (but not limited to):**
 - A. **Performance feedback for the purpose of professional and personal growth for the employee and supervisor.**
 - B. **Identify the areas that are concerns and therefore identify the appropriate course of action to assist in the improvement process.**
 - C. **Create a written document that reflects performance and eliminate misunderstandings regarding performance.**
 - D. **Although performance assessment is not a disciplinary tool, the assessment document can be used for verification of performance.**
2. **It is expected that all supervisors and non-probationary Confidential employees be actively involved in the annual performance assessment process. Therefore, as part of this process, the assessment form should be used as a "self-assessment" tool for the employee to fill out prior to meeting with his/her supervisor. The Supervisor will then complete the evaluation. Supervisors are expected to adhere to process and timelines of this assessment system.**

QUALITY OF WORK

Performs tasks that meet prescribed standards:
 Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

Takes pride in his/her work:
 Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

Maintains currency and complies with rules and regulations of the department, college, and/or district:
 Strongly Agree Agree Somewhat Agree Disagree
 Strongly Disagree

Supervisor Comments (mandatory regardless of assessment):

Employee Comments:

QUANTITY OF WORK

Accomplishes tasks in a timely manner:
 Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

Prioritizes work to be accomplished:
 Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

Supervisor Comments (mandatory regardless of assessment):

Employee Comments:

PROFESSIONAL DEMEANOR

Presents professional appearance:
 Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

Interacts attentively, courteously, and respectfully with customers, students, and staff:
 Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

Contributes to a positive work environment:
 Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

Demonstrates willingness to contribute to the team's goals:
 Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

Supervisor Comments (mandatory regardless of assessment):

Employee Comments:

COMMUNICATION & INTERPERSONAL SKILLS				
Clearly articulates information, ideas, and opinions; and uses appropriate language:				
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Somewhat Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Communicates well with all levels of customers, students, and staff:				
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Somewhat Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Actively builds relationships and is considerate of others:				
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Somewhat Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Shares knowledge and resources and collaborates as a team member:				
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Somewhat Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Supervisor Comments (mandatory regardless of assessment):				
Employee Comments:				
LEADERSHIP SKILLS				
Initiates action within his/her authority:				
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Somewhat Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Is proactive in anticipating problems; provides recommendations without being asked:				
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Somewhat Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Establishes and maintains high work standards:				
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Somewhat Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Demonstrates knowledge of the campus/district mission and willingness to participate to help reach these objectives:				
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Somewhat Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Supervisor Comments (mandatory regardless of assessment):				
Employee Comments:				

PROFESSIONAL GROWTH

Participates in activities that enhance professional growth:

Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

Takes initiative to keep current with technical skills related to position::

Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

Supervisor Comments (mandatory regardless of assessment):

Employee Comments:

SUPERVISOR'S SUMMARY OF ASSESSMENT

Employee received exceeds standards
Employee received meets standards
Employee received needs improvement in some areas
Employee received does not meet standards

Supervisor Comments (mandatory):

GOALS FOR GROWTH

Each goal must be specific, measurable, attainable, relevant and Time bound.

GOAL #1

State goal:

This goal will be measured by:

Timeline:

Begin:

End:

What resources are needed? (time, money, assistance, etc.)

What are review dates and/or milestones?

GOAL #2

State goal:

This goal will be measured by:

Timeline:

Begin:

End:

What resources are needed? (time, money, assistance, etc.)

What are review dates and/or milestones?

GOAL #3

State goal:

This goal will be measured by:

Timeline:

Begin:

End:

What resources are needed? (time, money, assistance, etc.)

What are review dates and/or milestones?

Direct Supervisor Signature _____

Date: _____

Employee Signature _____

Date: _____

My signature certifies this report has been discussed with me. I understand my signature does not necessarily indicate agreement with the ratings. I have the option to attach any comments to this report, whether directly in response to this assessment or to summarize information from the past year of employment. I will submit any comments in writing within ten (10) working days.

Employee Comments Attached: Yes No

President/Vice Chancellor/Chancellor Signature _____ Date: _____

My signature certifies that I am the supervisor of the rater, and I have reviewed the performance assessment with the rater prior to this assessment being shared with the employee. My signature further states that I concur with the rater's assessment.