## Instructions for using Adobe Sign <u>Performance Evaluation Template</u>:

SKIP TO STEP (V) IF YOU USED LINK TO GO STRAIGHT TO ADOBE SIGN FORM.

Steps to complete your Adobe Sign (Recommended Method) evaluation for your direct report. Go to Adobe Sign.

I. Click Start from Library.



- II. Click Templates.
- III. Select Performance Evaluation Form.
- IV. Click start.



- V. Enter the email address of the person you are evaluating.(#1 below is the person to be evaluated)
- VI. #2 Click (Add Me) see example. This is done so that you can review the employee's response before sending to Director.
- VII. Enter the Div./Dept Administrator email address on the #3 line (see below).

Complete in Order		Add Me Add Recip	ient Group
1) & mchandra@peralta.edu		🖂 🗸 Email	$\supset \times$
2 & Myself		🖂 🗸 Email	$\supset \times$
G dr ∨ iadesida@peralta.edu		🖂 🗸 Email	$\oslash$ $\times$
4 Ør ← Enter recipient email			
Shaw CC			
Message*			
Message * Performance Evaluation Classified		Options	Ø
Message * Performance Evaluation Classified Please review and complete Performance Evaluation Classified.		Options <ul> <li>Password Protect</li> <li>Set Reminder</li> </ul>	0
Message* Performance Evaluation Classified Please review and complete Performance Evaluation Classified. Files*	Add Files	Options <ul> <li>Password Protect</li> <li>Set Reminder</li> </ul> Recipients' Language	0

- VIII. Click Preview & Blue Next Button.
  - IX. Then click Send Button on the right. (see examples)



WORK PERFORMANCE EVALUATION         CLASSIFIED / PROFESSIONAL / CONFIDENTIAL / SUPERVISORY EMPLOYEES / CLASSIFIED MANAGERS         Employee Name (First, M, Last) / Employee ID#         Department / Location       Job Title         Itemployee Name       Div/Dept. Administrator Name         Supervisor Name       Div/Dept. Administrator Name         Evaluation Period       FROM:         TO:       Evaluation Type: Select         Separation       More Fields         More Fields       More Fields		Peralta Community College District	RECIPIENTS mchandra@peralta.edu (Signer)
Employee Name (First, M, Last) / Employee ID# Department / Location Job Title Initials Signature Ends Signature	WORK PERFOR CLASSIFIED / PROFESSIONAL / CONFIDENTI	MANCE EVALUATION	Signature Fields
Supervisor Name       Div./Dept. Administrator Name       Signer Info Fields         Evaluation Period       FROM:       TO:       Evaluation Type: Select       Select         Evaluate employee's performance in present assignment, basing your evaluation on the entire period covered by this approjate square. Marks must be substantiated in the appropriate sections if fother than       More Fields       More Fields	Employee Name (First, M, Last) / Employee ID# *	Department / Location Job Title	Digital Signature Initials Signature Block Stamp
Evaluation Period FROM: TO: Evaluation Type: Select Select.	Supervisor Name	Div./Dept. Administrator Name	Signer Info Fields →
Meets Expectations. If this is a 5-month probationary period evaluation, please indicate your views on passing the	Evaluation Period FROM: TO: Evaluate employee's performance in present assignme appraisal. Mark the most appropriate square. Marks m Meets Expectations. If this is a 5-month probationary p	Evaluation Type: Select	Data Heids ~

X. Fill out all areas highlighted in yellow. This will be the evaluation that will go to your direct report for comments and signature. All areas should be filled out. You may click the Next tab or click into each box and type your response to each question. You may put N/A if needed. NOTE ALL BOXES DO NOT REQUIRE A RESPONSE. THOSE THAT REQUIRE A RESPONSE WILL NOT ALLOW YOU TO MOVE TO NEXT BOX.



Next

## Peralta Community College District

## WORK PERFORMANCE EVALUATION

CLASSIFIED / PROFESSIONAL / CONFIDENTIAL / SUPERVISORY EMPLOYEES / CLASSIFIED MANAGERS

Employee Name (First, M. Last) / Employee ID#	Department / Location *	Job Title *
Supervisor Name *	Div./Dept. Administrator Name *	
Evaluation Period FROM: * TO: *	Evaluation Type: *	Select 👻

Evaluate employee's performance in present assignment, basing your evaluation on the entire period covered by this appraisal. Mark the most appropriate square. Marks must be substantiated in the appropriate narrative sections if other than Meets Expectations. If this is a 5-month probationary period evaluation, please indicate your views on passing the probationary period. XI. Once all information has been completed. Click to Send.

Adobe Acrobat Sign					
ptions 🗸	Performance_E	valuation_Form			
	1.	No longer Applicable to     Outstanding Department     contribution.     Successful Completion.     Needs Improvement / Tr     Unsatisfactory / Incompl marize goals for the coming year.)	current Department needs. t / Division / District aining. ete.		
	OVERALL PERFORMANCE RATING				
	Superior Exceeds Expectations	Meets Needs Expectations Improvement	Unsatisfactory		
laved	Next Performance Review Dates: (Regular Employees with two successive "Meets	1 2	3		
	Thank you for prefilling this document		tick to Send		

The document will go to the person being evaluated, and then route back to you for your signature before going to the Division/Department Administrator. Once all signatures are completed, please forward to Human Resources for filing to employee's personnel file.

Once everyone has completed signing the Evaluation form you will receive this notice in your Adobe Sign account after your final signature.

You finished signing "Performance\_Evaluation\_Form".

Next, Angela Perry will sign.

We will email the final agreement to all parties. You can also <u>download a copy</u> of what you just signed.