**WEBSTER COUNTY**

**SCHOOL DISTRICT**

**Classified Personnel Evaluation Plan**



**2024/2025**

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**Evaluation Committee**

**Michael Gooch Director of Personnel**

**Jarrod Hankins School Level Administrator**

**Mike Stone Technology Department Classified**

**Jana Scott School Adm. Asst. Classified**

**Mendi Welshans Transportation Dept. Classified**

**Bryan Harley Maintenance Dept. Classified**

**Stacy Martin Transportation Dept. Classified**

**Marsha Rakestraw C/O Adm. Asst. Classified**

**Lori Puckett School Level Custodial Dept. Classified**

Assurances

Classified School Personnel Evaluation Plan

The local district hereby assures the Commissioner of Education that:

## This evaluation plan was developed by an evaluation committee composed of classified staff representatives and district wide administrators.

All classified personnel will be oriented annually to the evaluation process and the criteria for evaluation prior to the implementation of the plan. The evaluation of each staff member will be conducted or supervised by the immediate supervisor of the employee.

All classified staff will be evaluated annually.

Each evaluatee shall be given a copy of his/her summative evaluation, which shall be filed in the personnel records.

Each person evaluated will be provided the opportunity for a review of the summative evaluation by the Classified Appeals Panel. Provision is made for the right to review all documentation presented to the Appeals Panel and to be represented at the appeal.

This evaluation plan will not discriminate on the basis of race, national origin, religion, marital status, sex, or disability.

The evaluation plan will be reviewed annually and any substantive revisions will be submitted to the Department of Education.

The local Board of Education approved this evaluation plan as recorded in the minutes of the meeting held on 04/27/2020.

\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Superintendent Date

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Board Chair Date

**Evaluations**

1. **Athletics**
2. [**Athletic Director**](https://docs.google.com/document/u/0/d/1F19qAy-3TfxbGUg5rHfJR1ILUvlHTt-H/edit)
3. [**Head Coach**](https://docs.google.com/document/u/0/d/1bSiIFMT5wNjlEF3_A49DILnNF5KZArZT/edit)
4. [**Assistant Coach**](https://docs.google.com/document/u/0/d/13LN0ZX6n3nX9799dHSlO1fWHZhg2kkBp/edit)

**B.** [**Attendance Secretary/Receptionist**](https://docs.google.com/document/u/0/d/1RhfLoLraaWpYGcuMbkX8Y2dmOoiMKfmc/edit)

**C. Finance Department**

1. [**Finance Officer**](https://docs.google.com/document/u/0/d/1izUA_kGhUQbN0NYFq54HSdioZ7ib6-Wv/edit)
2. [**Assistant Finance Officer**](https://docs.google.com/document/u/0/d/1lo7iatF0cPDz35wyVSxlvi0O9acFDbSk/edit)
3. [**Bookkeeper (school level)**](https://docs.google.com/document/u/0/d/1dAxAOBF0B-vex1Q2ghfUFVpbUS2m9jXd/edit)

**D.** [**Family Resource**](https://docs.google.com/document/u/0/d/1-gTGCRo70iU4hd6VP0kEJHdMm-q8JWwX/edit)

**E.** [**Instructional Assistant**](https://docs.google.com/document/u/0/d/1qkG3kCnajrM0gobqiEPzBg5JHgHoxakW/edit)

**F. Maintenance**

1. [**Supervisor of Maintenance**](https://docs.google.com/document/u/0/d/1Hc7WVpUG-_qXk10umlHB40_TAlIslvME/edit)
2. [**Maintenance Employee**](https://docs.google.com/document/u/0/d/1i2kcsoq2K5GJoABGf8UXPJIM8OJVWzS2/edit)
3. [**Custodian**](https://docs.google.com/document/u/0/d/18frBvL_CN6wCZ8jKcYHBAYtZhaMx61R6/edit)

**G. Food Service**

1. [**Director of Food Service**](https://docs.google.com/document/u/0/d/1PjUgv1ZlbJaIG5q1eXwyMdRJgn8BM9h0/edit)
2. [**Food Service managers**](https://docs.google.com/document/u/0/d/1Ws37uAfMpxGLVDmOzpLm7Vml96nMHijC/edit)
3. [**Food Service Employees**](https://docs.google.com/document/u/0/d/1QbZWYTCnFF-33bTuB6JBmJ00rutKV_Wh/edit)

**H. Technology Department**

1. [**Chief Information Officer**](https://docs.google.com/document/u/0/d/15b_hPaSckCZ-RHEgJr-9ACzkqABXSE4F/edit)
2. [**School Technology Technicians**](https://docs.google.com/document/u/0/d/1dv82ezWeEZYWMrkDFd6nUl8uTQgvOnXQ/edit)

**I. Transportation**

1. [**Director**](https://docs.google.com/document/u/0/d/1AhwaSjfYyhv9DWuWB4rcmruZS7XXOZdB/edit)
2. [**Driver**](https://docs.google.com/document/u/0/d/1SLNqrHCCP8c6iD5Hpi1gUShSUP4FL68L/edit)
3. [**Monitor**](https://docs.google.com/document/u/0/d/1H2Qi7NkWIMeRZJ2TDao7YMNHQk6PQ-2-/edit)
4. [**Mechanic**](https://docs.google.com/document/u/0/d/1JgNFyU49NbIYwQR5fZMZQT0i95auCeHC/edit)

**J.** [**General Classified Evaluation form**](https://docs.google.com/document/u/0/d/1SfHQs3nLWKE3rdJyLkJfSwjiS1Zo2lwjqKMj-l0jkcA/edit)

**Job Improvement Plan**

Evaluatee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. Standards Identified for Improvement:**

**\_\_\_\_\_\_\_\_\_\_\_I. Job Knowledge**

**\_\_\_\_\_\_\_\_\_\_\_II. Productivity and Quality of Work**

**\_\_\_\_\_\_\_\_\_\_\_III. Responsibility, Dependability, and Attendance**

**\_\_\_\_\_\_\_\_\_\_\_IV. Interpersonal Relations**

**II. Specific Job Task or Behavior which Needs to Change or Improve:**

**III. Desired Outcome: How will the employee improve?**

**IV. Procedures and Activities for Achieving Improvement or Growth:**

**How will the immediate supervisor assist in the improvement plan?**

**V. Implementation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plan Review Date(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Improvement Plan Conclusion: Date \_\_\_\_\_\_Satisfactory\_\_\_\_\_\_Unsatisfactory\_\_\_\_\_\_**

**Employee’s Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee’s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Signature**

**\****I understand that in the event this improvement plan is deemed unsatisfactory by my supervisor a recommendation for termination may be submitted to the Superintendent*

**Appeals Process**

An appeal to the evaluation may be submitted for classified employees who think they were not fairly evaluated. Two different appeals processes and procedures exist: (1) employees who have not been put on a Job Improvement Plan shall follow the Immediate Supervisor Process, and (2) employees who have been put on a Job Improvement Plan shall follow the Appeals Panel Process and a recommendation for termination may be forthcoming to the Superintendent.

**I. Immediate Supervisor Process:**

***(Employees who have not been put on a Job Improvement Plan)***

* Employee submits a written appeals form to the immediate supervisor and

Superintendent.

* The Superintendent will set a time and place with the evaluatee and evaluator

for the review meeting.

* The evaluatee will be given the opportunity to present any evidence supporting

his/her position.

* Within ten (10) working days, the Superintendent shall provide a written response

to the evaluatee and the evaluator.

* All information relating to the employee’s evaluation shall be placed in the

employee’s appropriate personnel file.

**II. Appeals Panel Process:**

***(Employees who have been put on a Job Improvement Plan)***

A. **Classified Appeals Panel Membership**

All members of the appeals panel shall be current employees of the district. Two panel members are elected from and by the classified staff of the district. Each employee has the right to be nominated and vote in the process. The third panel member will be district administrative personnel representative as designated by the Superintendent.

In the election of the appeals panel members, the person receiving the first and second greatest number of votes shall be members of the appeals panel. The person receiving the third greatest number of votes shall be designated as an alternate. The district administrative personnel representative will serve as the chairperson for the panel.

The length of term for an appeals panel member shall be one year. Panel members may be re-elected for the position. The panel members shall assume their responsibilities as soon

as the election results are announced. Elections shall be conducted and appointments made during the month of September.

**Appeals Process (continued)**

### B. Improvement Plan Review Process

The purpose of this panel is to review the summative evaluation and the improvement plan on the basis of substance and the supervisor’s adherence to evaluation procedures. An employee may appeal his/her improvement plan as follows:

1. The employee may, within ten (10) working days of the summative conference,

file an appeal with the district classified appeals panel utilizing the request form provided in this plan and submit a copy to the evaluator.

1. Within five (5) working days, the appeals panel chairperson will notify the

evaluate and the evaluator of the time and place for the panel review of all

written documentation. Four copies of all evaluatee and evaluator written documentation to be considered in the appeal should be received by the appeals chairperson prior to the appointed meeting date.

1. The appeals panel will convene to review evaluatee and evaluator written

documentation pertinent to the appeal.

1. A decision regarding their findings shall be presented to the Superintendent within

15 working days of the filing of the appeal. The panel’s recommendation must

include one of the following:

(a) Uphold the original evaluation

(b) Continue/revise employee improvement plan

1. The chairperson of the panel shall present the final determination of the panel

the evaluatee, evaluator, and Superintendent within five (5) working days.

1. Within ten (10) working days the Superintendent will submit a written response

to the evaluatee and the evaluator.

1. All information relating to the employee’s evaluation shall be placed in the

appropriate personnel file.

PERSONNEL 03.28 AP.22

- Classified Personnel -

**Evaluation Appeal Form**

**INSTRUCTIONS**

This form is to be used by classified employees who wish to appeal an evaluation. The procedure for filing an appeal is dependent upon whether the employee has or has not been placed on a job improvement plan. Select the appropriate procedure as follows:

1. For employees who **have not** been placed on a Job Improvement Plan, submit this Evaluation Appeal Form to your immediate supervisor and the Superintendent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Evaluator’s Signature Date Received Superintendent’s Signature Date Received***

1. For employees who have been placed on a Job Improvement Plan, submit this Evaluation Appeal Form to the Superintendent designee for the Appeals Panel process to begin.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Superintendent’s Signature Date Received***

Employee’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worksite/School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of the Evaluation\_\_\_\_\_\_\_\_\_

**Position:**

**□ division director □ custodial personnel**

**□ administrative assistant □ food service personnel**

**□ instructional assistant □ maintenance personnel**

**□ clerical assistant □ technology personnel**

**□ other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ transportation personnel**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

***Employee’s Signature Date***

PERSONNEL 03.28 AP.12

- Classified Personnel -

**Confidentiality of Records**

Personnel evaluation records, specifically the personnel evaluation folder and its contents, will be kept as a part of the employee’s personnel file and will be treated with the same confidentiality as other personnel records. During an appeal/hearing, evaluation records will be kept in a secure location designated by the Superintendent