APPENDIX X — STAFF PERFORMANCE EVALUATION PROCEDURES

(To be included in the BCPUD Personnel Manual / Policy Binder)

Effective Date: February 18, 2026
Applies To: All BCPUD employees except the General Manager
Authority: General Manager and Assistant General Manager
Last Reviewed: February 18, 2026

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1. Purpose

The purpose of this appendix is to establish a clear, consistent, and constructive process for evaluating staff performance at the Bolinas Community Public Utility District (BCPUD). The goals of this process are to support the development of employees, improve communication, clarify performance expectations, and ensure alignment between individual performance and District needs.

A separate appendix governs the evaluation of the General Manager by the Board of Directors.

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2. Scope

This appendix applies to all BCPUD staff <u>other than the General Manager</u> and covers:

- The distinction between management and supervisory roles

- The distinction between evaluations (a management function) and feedback (a supervisory function)

- The biennial full evaluation cycle

- The annual check-in cycle

- Confidentiality and personnel file requirements

This appendix does *not* address the General Manager evaluation process.

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3. Definitions

3.1 Management (Exempt)

Management positions are exempt and are responsible for conducting official performance evaluations. At BCPUD, the General Manager and Assistant General Manager hold management authority and may issue an employee's formal evaluation.

3.2 Supervisory Roles (Non-Exempt)

Supervisory roles provide day-to-day oversight, task assignment, and operational guidance. These roles may provide performance related feedback but do not conduct formal evaluations. Examples include the Chief Operator and any future nonexempt supervisory positions.

3.3 Evaluation

A formal performance assessment issued only by management. The evaluation is documented in a narrative Summary Evaluation, which becomes part of the employee's personnel record.

3.4 Feedback

Performance-related input provided by supervisors or employees. Feedback informs management's evaluation but does not itself constitute an evaluation.

3.5 Evaluator of Record

The management-level individual responsible for issuing an employee's formal evaluation.

- The General Manager evaluates most staff.
- The Assistant General Manager evaluates employees assigned to the Resource Recovery program.

3.6 Personnel File

The District's official repository for employee performance documentation. Evaluations and related documents are retained according to District policy. Certain confidential feedback documents are not included in the personnel folder.

4. Evaluation Forms

Form 1 — Employee Self-Evaluation

Completed by the employee prior to their evaluation meeting. Filed in the personnel folder.

Form 2 — Supervisor Feedback on Employee (if applicable)

Completed by a non-exempt supervisor for employees they directly oversee. Filed in the personnel folder when applicable.

Form 3 — Employee Feedback on Direct Supervisor

Completed by employees who report to a non-management supervisor. Submitted confidentially to management and not placed in the personnel folder.

Form 4 — GM/AGM Evaluation of Employee

Completed by the Evaluator of Record (GM or AGM). Filed in the personnel folder.

Summary Evaluation (Narrative)

Prepared by management after the 1:1 meeting.
Signed by the Evaluator of Record and the employee.
Filed in the personnel folder.

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5. Organizational Reporting Structure for Evaluation Purposes

5.1 General Manager (Management)

Evaluator of Record for:

- Chief Operator

- Assistant General Manager

- Administrative Assistant

- Shift Operators

Receives confidential supervisor feedback from employees who report to non-management supervisors.

5.2 Assistant General Manager (Management)

Evaluator of Record for:

- Resource Recovery employees

Receives confidential feedback from Resource Recovery staff.

5.3 Chief Operator (Supervisory, Non-Exempt)

Provides supervisory feedback for Shift Operators.
Receives feedback from Shift Operators through the confidential employee feedback process.

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6. Evaluation Cycle Overview

6.1 Biennial Full Evaluation

Every two years, each employee participates in a full performance evaluation consisting of:

1. Employee self-evaluation

2. Supervisory feedback (if the employee has a non-management supervisor)

3. Employee feedback on their supervisor (if applicable, confidential)

4. Management's evaluation of the employee

5. A 1:1 evaluation meeting

6. A written Summary Evaluation (narrative)

7. Optional written employee response

The self-evaluation, supervisory feedback (if applicable), management evaluation, the Summary Evaluation narrative, and the optional employee response are placed in the personnel folder.
Confidential feedback on supervisors is not filed.

6.2 Annual Check-In

In alternate years, management conducts a structured check-in to review progress, identify support needs, and adjust goals.
No forms are required.
A brief summary may be added to the personnel folder at management's discretion.

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7. Biennial Evaluation Procedures

7.1 Notice and Preparation

The Evaluator of Record provides at least three weeks' notice and distributes the appropriate forms to the employee and any applicable supervisor.

7.2 Submission Deadlines

- Employee self-evaluation is submitted one week before the meeting.

- Supervisor feedback (if applicable) is submitted one week before the meeting.

- Employee feedback on supervisor (if applicable) is submitted confidentially by the internal deadline.

7.3 Pre-Meeting Review

Management reviews all submitted materials and completes their evaluation in advance of the meeting.

7.4 Evaluation Meeting

The Evaluator of Record and the employee meet 1:1.
Forms assigned to the employee (self-evaluation) and to management (management evaluation) serve as the framework for discussion.
Topics include strengths, accomplishments, communication, teamwork, operational effectiveness, areas for development, and expected goals.

7.5 Summary Evaluation (Narrative)

Following the meeting, the Evaluator of Record prepares a narrative Summary Evaluation that:

- Synthesizes relevant information

- Addresses strengths and areas for improvement

- Documents performance expectations

- Identifies goals for the next period

- Notes resource or training needs

The Summary Evaluation is signed by both the Evaluator of Record and the employee. Employees may submit a written response, which will also be placed in the personnel file.

7.6 Filing

The following documents are retained in the personnel folder:

- Employee self-evaluation

- Supervisory feedback (if applicable)

- Management evaluation

- Summary Evaluation (signed)

- Employee's written response (optional)

Confidential employee feedback on supervisors is not filed.

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8. Annual Check-in Procedures

The Evaluator of Record meets with the employee during non evaluation years to discuss progress and provide guidance.
No forms are required.
A brief summary may be retained in the personnel folder at management's discretion.

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9. Confidentiality and Nonretaliation

- Personnel files are maintained according to District policy.

- Feedback on supervisors is confidential and not shared with supervisors.

- Retaliation for good faith participation in the evaluation process is prohibited.

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10. Exceptions

Any exception to this appendix must be approved by the General Manager.

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11. Revision History

- Adopted: February 18, 2026

- Revised: March 18, 2026

FORM 1 — Employee Self- Evaluation

BCPUD EMPLOYEE SELF-EVALUATION (FORM 1)

Employee Name: _____

Position/Program: _____

Evaluation Period: From _____ to _____

Date Submitted: _____

Submitted To: Evaluator of Record (GM or AGM)

Purpose: Complete this form before your 1:1 evaluation meeting. Your reflections help guide the discussion and inform the Summary Evaluation.

A. PERFORMANCE RATINGS (1–5)

(1 = Rarely • 2 = Inconsistent • 3 = Meets Expectations • 4 = Above Expectations • 5 = Consistently Exceeds)

Please check one rating per line:

- **Arrives to work on time:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Completes assigned tasks effectively:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Communication with coworkers:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Communication with the public (if applicable):**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Demonstrates initiative:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Uses time and tools efficiently:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Keeps workspace organized:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Willingness to learn/adapt:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Overall job performance:**
  ☐1 ☐2 ☐3 ☐4 ☐5

B. ACCOMPLISHMENTS

List contributions or achievements you are most proud of this period:

_____

_____

_____

_____

C. CHALLENGES & APPROACHES

Describe challenges you experienced and how you addressed them:

_____

_____

_____

D. TRAINING, SUPPORT, OR RESOURCES NEEDED

_____

_____

_____

E. GOALS FOR NEXT EVALUATION PERIOD

_____

_____

_____

F. OPTIONAL COMMENTS

_____

_____

_____

FORM 2 — Supervisor Feedback on Employee

BCPUD SUPERVISOR FEEDBACK ON EMPLOYEE (FORM 2)

Employee Name: _____

Position/Program: _____

Supervisor (non-exempt): _____

Evaluation Period: From _____ to _____

Date Submitted to Management: _____

Submitted To: Evaluator of Record (GM or AGM)

Purpose: This form provides *supervisory feedback* to management. It is **not** a formal evaluation. It informs the Evaluator of Record's assessment and the Summary Evaluation.

A. PERFORMANCE OBSERVATIONS (1–5)

(1 = Rarely • 2 = Inconsistent • 3 = Meets Expectations • 4 = Above Expectations • 5 = Consistently Exceeds)

Please check one rating per line:

- **Reliability / timeliness:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Quality and accuracy of work:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Initiative and problem-solving:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Safety and compliance:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Communication with coworkers:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Communication with the public (if applicable):**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Teamwork and collaboration:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Organization, time, and tool use:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Customer/community service (if applicable):**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Overall performance impression:**
  ☐1 ☐2 ☐3 ☐4 ☐5

B. HIGHLIGHTS (WHAT THE EMPLOYEE DOES WELL)

_____

_____

_____

_____

C. AREAS FOR GROWTH

_____

_____

_____

_____

D. TRAINING OR SUPPORT RECOMMENDED

_____

_____

_____

_____

Supervisor Signature: _____

Date: _____

(This form is placed in the employee's personnel folder.)

FORM 3 — Employee Feedback on Direct Supervisor

BCPUD EMPLOYEE FEEDBACK ON DIRECT SUPERVISOR (FORM 3 — CONFIDENTIAL)

Employee Name: _____

Position/Program: _____

Direct Supervisor (non-management): _____

Evaluation Period: From _____ to _____

Date Submitted: _____

Submitted To: GM or AGM (per organizational structure)

Confidentiality:
This form is confidential and will **not** be shared with your supervisor or placed in your personnel folder. Management reviews themes only to improve supervisory practices and support a healthy work environment.

A. SUPERVISORY BEHAVIORS (1–5)

(1 = Rarely • 2 = Inconsistent • 3 = Meets Expectations • 4 = Above Expectations • 5 = Consistently Exceeds)

Please check one rating per line:

- **Communicates expectations clearly:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Provides timely and constructive feedback:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Treats staff with fairness and respect:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Is available and responsive when support is needed:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Understands the work I do and the challenges I face:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Encourages a positive and collaborative work environment:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Follows through on commitments and communicates changes effectively:**
  ☐1   ☐2   ☐3   ☐4   ☐5

B. OPEN-ENDED FEEDBACK

1. Describe your working relationship with your supervisor

(consider communication, fairness, support, clarity of expectations)

_____

_____

_____

2. What does your supervisor do well?

_____

_____

_____

3. What could your supervisor do differently to better support you?

_____

_____

_____

_____

Employee Signature (optional): _____

Date: _____

Management Note: This form is *not filed* in the personnel folder. It is retained confidentially by management.

FORM 4 — GM/AGM Evaluation of Employee

(Management Evaluation — Filed in Personnel Folder)

BCPUD GM/AGM EVALUATION OF EMPLOYEE (FORM 4)

Employee Name: _____

Position/Program: _____

Evaluator of Record: ☐ General Manager   ☐ Assistant General Manager

Evaluation Period: From _____ to _____

Date Prepared: _____

Purpose:

This form documents the **management evaluation** of the employee. It is used—alongside the employee's self-evaluation—as the scaffold for the 1:1 evaluation meeting.
After the meeting, the Evaluator of Record prepares a **Summary Evaluation (narrative)**, which becomes the official, signed evaluation placed in the personnel folder.-evaluation—as the scaffold for the 1:1 evaluation meeting.

A. PERFORMANCE RATINGS (1–5)

(1 = Rarely • 2 = Inconsistent • 3 = Meets Expectations • 4 = Above Expectations • 5 = Consistently Exceeds)

Please check one rating per line:

- **Reliability / timeliness:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Quality and accuracy of work:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Initiative and problem-solving:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Safety and compliance:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Communication with coworkers:**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Communication with the public (if applicable):**
  ☐1 ☐2 ☐3 ☐4 ☐5

- **Teamwork and collaboration:**
  ☐1   ☐2   ☐3   ☐4   ☐5

- **Organization, time & tool use:**
  ☐1   ☐2   ☐3   ☐4   ☐5

- **Leadership (if applicable):**
  ☐1   ☐2   ☐3   ☐4   ☐5

- **Overall job performance:**
  ☐1   ☐2   ☐3   ☐4   ☐5

B. PERFORMANCE SUMMARY (Evaluator Narrative)

Strengths and accomplishments:

_____

_____

_____

Areas for improvement:

_____

_____

_____

Communication, teamwork, leadership (as applicable):

_____

_____

_____

Training or support recommended:

_____

_____

_____

_____

C. GOALS FOR NEXT EVALUATION PERIOD

_____

_____

_____

_____

Evaluator Signature: _____

Date: _____

(This form is placed in the employee's personnel folder along with Form 1 and the Summary Evaluation narrative.)

SUMMARY EVALUATION – TEMPLATE (Narrative Format)

Employee Evaluation Summary – [Employee Name] ([Year])

Role: [Employee Role]
Evaluation Period: [Month/Year – Month/Year]

Strengths & Accomplishments

- [Strength or accomplishment goes here]

- [Strength or accomplishment goes here]

- [Strength or accomplishment goes here]

- [Additional narrative paragraphs as needed]

Areas for Growth

- [Area for growth goes here]

- [Area for growth goes here]

- [Area for growth goes here]

- [Additional narrative paragraphs as needed]

Specific Tasks to Work On

- [Task or focus area goes here]

- [Task or focus area goes here]

- [Task or focus area goes here]

Position Overview

(Include only if relevant to contextualize workload, certification expectations, staffing demands, or functional responsibilities)

- [Key position responsibilities or context]

- [Key operational constraints or realities]

- [Notes about role complexity, staffing, etc.]

Goals for Next Evaluation Period

- [Goal #1]

- [Goal #2]

- [Goal #3]

- [Goal #4]

District Goals or Support to Help the Employee Succeed

- [Support item or district initiative]

- [Resource, training, or equipment need]

- [Collaborative support or structural improvement]

Signatures

Evaluator of Record (GM/AGM): _____
Date: _____

Employee: _____
Date: _____

(Employee signature acknowledges receipt and discussion, not agreement.)

Optional Employee Response

(If provided, will be included in the personnel file)

Employee Signature (if submitting a written response): _____
Date: _____