

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
 PERFORMANCE EVALUATION REPORT - CSUEU (2, 5, 7 & 9) STAFF PERSONNEL

| | | | |
|----------------------------|--|---|--|
| EMPLOYEE NAME: | | DEPARTMENT: | |
| JOB CLASSIFICATION: | | EMPLOYEE STATUS: (Check one) | TYPE OF REPORT: (Check one) |
| | | <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Permanent | 1 Yr. Probation <input type="checkbox"/> 3-Mo. <input type="checkbox"/> 6-Mo. <input type="checkbox"/> 9-Mo.*** 2 Yr. Probation <input type="checkbox"/> 6-Mo. <input type="checkbox"/> 12-Mo. <input type="checkbox"/> 18-Mo.*** <input type="checkbox"/> Annual <input type="checkbox"/> Other (Unscheduled) |
| | | Rating Period: from _____ to _____ | |

| a* | b* | c | d** | e** | SECTION A -- Factor Check-List EACH factor must be checked in the appropriate column | SECTION B -- Record job strengths, progress goals and specific goals for future accomplishments. Explanation of all check marks in columns d and e is required. Use attachments, as needed. Please sign all attachments. |
|---|----|---|-----|-----|--|--|
| | | | | | 1. Attendance/Punctuality | SECTION C -- Document examples of problems with performance. Explanation of all check marks in columns a and b is required. Use attachments, as needed. Please sign all attachments. |
| | | | | | 2. Knowledge of Work | |
| | | | | | 3. Quality of Work | |
| | | | | | 4. Volume of Acceptable Work | |
| | | | | | 5. Work Judgments | |
| | | | | | 6. Interpersonal Relations | |
| | | | | | 7. Accepts Responsibility | |
| | | | | | 8. Accepts Direction | |
| | | | | | 9. Accepts Change | |
| | | | | | 10. Meets Deadlines | |
| | | | | | 11. Initiative | |
| | | | | | 12. Operation and Care of Equipment | |
| | | | | | 13. Safety Practices | |
| | | | | | OTHER: | |
| Additional Factors for Employees With Lead Person Responsibility | | | | | | SECTION D -- I certify that this evaluation has been discussed with me. My signature does not necessarily indicate that I agree with the evaluation. Employee Comments (Use attachments, if needed. Please sign all attachments). Employee's Signature: _____ Date: _____ |
| | | | | | 1. Planning and Organizing | |
| | | | | | 2. Training & Instruction | |
| | | | | | 3. Productivity | |
| | | | | | 4. Judgments & Decisions | |
| | | | | | 5. Leadership | |
| | | | | | 6. Effectively Delegates | |
| | | | | | 7. Employee Relations | |
| OVERALL EVALUATION (Reflection of all Factors In Section A) | | | | | | SECTION E -- Required Signatures - *Date draft given to employee for review _____ (at least 10 days prior to finalization) Evaluator's: _____ Date: _____ (signature/printed name) Administrator's: _____ Date: _____ (signature/printed name) Personnel Services Review: _____ Date: _____ |
| | | | | | | |
| *All check marks in columns a and b require explanation in Section C. | | | | | | |
| **All check marks in columns d and e require explanation in Section B. | | | | | | |

***SECTION F -- This section must be filled out for 9 and 18 month evaluation reports only.

RECOMMEND: (Check One): Permanent Appointment Rejection During Probation Processed by HR

Probation **cannot** be extended beyond 12 months or 24 months for any reason.