

**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD  
PERFORMANCE EVALUATION REPORT - UAPD (Unit 1) STAFF PERSONNEL**

Refer to Instructions  
on Cover Page

**EMPLOYEE NAME:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

<b>JOB CLASSIFICATION:</b>	<b>EMPLOYEE STATUS:</b> (Check one) _____ Temporary _____ Probationary _____ Permanent <b>Rating Period:</b> from _____ to _____	<b>TYPE OF REPORT:</b> (Check one) <b>1 Yr. Probation</b> _____ 3-Mo. _____ 6-Mo. _____ 9-Mo.*** <b>2 Yr. Probation</b> _____ 6-Mo. _____ 12-Mo. _____ 18-Mo.*** _____ Annual _____ Other (Unscheduled)
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a*	b*	c	d**	e**	SECTION A -- Factor Check-List EACH factor must be checked in the appropriate column	f	SECTION B -- Record job strengths, progress goals and specific goals for future accomplishment. Explanation of all check marks in columns d and e is required. Use attachments, as needed. Please sign all attachments.
Unsatisfactory	Improvement Needed	Standard	Above Standard	Excellent		DOES NOT APPLY	
<b>Quality of Medical Practice</b>							
					1. Attendance/Punctuality		
					2. Knowledge of Work		
					3. Quality of Work		
					4. Work Judgments		
<b>Quality of Contributions to Health Center</b>							
					5. Interpersonal Relations		<b>SECTION C --</b> 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.
					6. Volume of Acceptable Work		
					7. Accepts Responsibility		
					8. Accepts Direction		
					9. Meets Deadlines		
					10. Initiative		
					11. Safety Practices		
<b>Quality of Educational Activities</b>							
<b>Additional Factors for Employees With Lead Person Responsibility</b>							<b>SECTION D --</b> 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		
<b>OVERALL EVALUATION (Reflection of all Factors In Section A)</b>							<b>SECTION E -- Required Signatures</b>
							Evaluator's: _____ Date: _____ (signature/printed name)
							Administrator's: _____ Date: _____ (signature/printed name)
							Personnel Services Review: _____ Date: _____

\*\*\*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.

AFTER COMPLETING EVALUATION, RETURN THIS COPY INCLUDING SIGNED ATTACHMENTS TO PERSONNEL SERVICES.  
DISTRIBUTION COPIES: EMPLOYEE'S PERSONNEL FILE, EMPLOYEE, AND EVALUATOR