

**CALIFORNIA STATE UNIVERSITY BAKERSFIELD AUXILIARY
PERFORMANCE EVALUATION**

EMPLOYEE NAME:					DEPARTMENT:				
JOB CLASSIFICATION:					TYPE OF REPORT: (Check One) _____ Introductory Period _____ 6 Mo. _____ Annual _____ Other (Unscheduled) _____ (Reason) DUE DATE: _____				
A*	B*	C	D**	E**	SECTION A: Factor Check-List - EACH factor must be checked in the appropriate column.				
Unsatisfactory	Improvement Needed	Standard	Above Standard	Excellent					
					1. Attendance/Punctuality				
					2. Knowledge of Work				
					3. Quality of Work				
					4. Volume of Acceptable Work				
					5. Work Judgments				
					6. Interpersonal Relations/Teamwork				
					7. Accepts Responsibility				
					8. Accepts Direction				
					9. Accepts Change				
					10. Meets Deadlines				
					11. Initiative				
					12. Operation & Care of Equipment				
					13. Safety Practices				
					OTHER:				
Additional Factors for Employees									
With Lead Person Responsibility									
					1. Planning and Organizing				
					2. Training & Instruction/Developing Others				
					3. Productivity				
					4. Judgments and Decisions				
					5. Leadership				
					6. Effectively Delegates				
					7. Employee Relations				
OVERALL EVALUATION					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.				
(Reflection of all Factors in Section A)					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.				
*All check marks in columns A and B require explanation in Section C.					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).				
**All check marks in columns D and E require explanation in Section B.					Employee's Signature: _____ Date: _____				
					SECTION E: Required Signatures				
					Evaluator's: _____ Date: _____				
					Administrator's: _____ Date: _____				
					Human Resources Review: _____ Date: _____				