

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
 PERFORMANCE EVALUATION REPORT - CONFIDENTIAL (C99) STAFF PERSONNEL

EMPLOYEE NAME:		DEPARTMENT:	
EMPLOYEE ID:	EMPLOYEE STATUS: (Check one) <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Permanent	TYPE OF REPORT: (Check one) 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)	
JOB CLASSIFICATION:			
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.
Unsatisfactory	Improvement Needed	Satisfactory	Above Satisfactory	Excellent		
					1. Attendance/Punctuality	
					2. Knowledge of Work	
					3. Quality of Work	
					4. Volume of Acceptable Work	
					5. Work Judgments	
					6. Interpersonal Relations	

					7. Accepts Responsibility	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.
					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

OVERALL EVALUATION (Reflection of all Factors In Section A)						SECTION E -- Required Signatures 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.