

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
PERFORMANCE EVALUATION REPORT - SUPA (Unit 8) STAFF PERSONNEL

**Refer to Instructions
on Cover Page**

EMPLOYEE NAME:					DEPARTMENT:														
JOB CLASSIFICATION:					EMPLOYEE STATUS: (Check one) _____ Temporary _____ Probationary _____ Permanent Rating Period: from _____ to _____					TYPE OF REPORT: (Check one) 1 Yr. Probation _____ 6-Mo. _____ 9-Mo. _____ 11-Mo.*** Annual / Other _____ Annual _____ Other (Unscheduled) _____ 14-Mo. (Probation Extension****)									
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 accomplishments. 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									
					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).									
					1. Planning and Organizing						Employee's Signature: _____ Date: _____ SECTION E -- Required Signatures Evaluator's: _____ Date: _____ Administrator's: _____ Date: _____ Personnel Services Review: _____ Date: _____								
					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)																			
*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 11-month evaluation reports and extended probation evaluation reports only.																			
RECOMMEND: (Check Only One) _____ Permanent Appointment _____ Rejection During Probation _____ Extend Probation 3 Months																			
****An extension of probation can be granted for up to 3 months, but ONLY where there are documented Unsatisfactory or Needs Improvement ratings with an evaluation at the end of the 14th month.																			
Processed by HR:																			

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