

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

Refer to Instructions  
on Cover Page

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

| a*             | b*                 | c            | d**                | e**       | SECTION A --<br>Factor Check-List<br>EACH factor<br>must be checked<br>in the appropriate column |
|----------------|--------------------|--------------|--------------------|-----------|--|
| 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  |
|                |                    |              |                    |           | 8. Accepts Direction   |
|                |                    |              |                    |           | 9. Accepts Change  |
|                |                    |              |                    |           | 10. Meets Deadlines  |
|                |                    |              |                    |           | 11. Initiative   |
|                |                    |              |                    |           | 12. Operation and Care of Equipment  |
|                |                    |              |                    |           | 13. Safety Practices   |
|                |                    |              |                    |           | OTHER:   |

**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.

| a* | b* | c | d** | e** | Additional Factors for Employees With Lead Person Responsibility |
|----|----|---|-----|-----|--|
|    |    |   |     |     | 1. Planning and Organizing                                       |
|    |    |   |     |     | 2. Training & Instruction  |
|    |    |   |     |     | 3. Productivity  |
|    |    |   |     |     | 4. Judgments & Decisions   |
|    |    |   |     |     | 5. Leadership  |
|    |    |   |     |     | 6. Effectively Delegates   |
|    |    |   |     |     | 7. Employee Relations  |

**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.

**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: \_\_\_\_\_

|  |  |  |  |  |
|--|--|--|--|--|
| <b>OVERALL EVALUATION (Reflection of all Factors In Section A)</b>     |  |  |  |  |
|  |  |  |  |  |
| *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 E -- Required Signatures**

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.