

**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 _____ 3-Mo. _____ 6-Mo. _____ 9-Mo.*** 2 Yr. Probation _____ 6-Mo. _____ 12-Mo. _____ 18-Mo.*** _____ Annual _____ Other (Unscheduled)
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d*	b*	c	d**	e**	SECTION A -- Factor Check-List EACH factor must be checked in the appropriate column	f DOES NOT APPLY	SECTION B -- Record job strengths, progress goals and specific goals for futur accomplishments. Explanation of all check marks in columns d and e is required. Use attachments, as needed. Please sign all attachments.	
					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
								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)					SECTION E -- Required Signatures			
					Employee's Signature: _____ Date: _____			
					Evaluator's: _____ Date: _____			
					Administrator's: _____ Date: _____			
					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

Probation **cannot** be extended beyond 12 months or 24 months for any reason. Processed by HR