

**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
PERFORMANCE EVALUATION REPORT - SETC (Unit 6) STAFF PERSONNEL**

Refer to instructions
on Cover Page

EMPLOYEE NAME: _____ **DEPARTMENT:** _____

JOB CLASSIFICATION:	EMPLOYEE STATUS: (Check one) <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Permanent Rating Period: from _____ to _____	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)
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a*	b*	c	d**	e**	SECTION A -- Factor Check-List EACH factor must be checked in the appropriate column	f DOES NOT APPLY	
					1. Attendance/Punctuality		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.
					2. Quality of Work		
					3. Quantity of Acceptable Work		
					4. Interpersonal Relations		
					5. Customer Service		
					6. Professional Responsibility /Judgment		
					7. Accepts Direction		
					8. Meets Deadlines		
					9. Initiative		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.
					10. Compliance w/app. Laws, Rules & Policies		
					11. Safety Practices		
					OTHER:		
					Additional Factors for Employees With Lead Person Responsibility		SECTION D: Identify 3-5 specific objectives for following evaluation year which are achievable no later than June 30 th of that year.
					1. Planning and Organizing		
					2. Training & Instruction		
					3. Productivity		
					4. Judgments & Decisions		
					5. Leadership		
					6. Effectively Delegates		
					7. Employee Relations		SECTION E -- Required Signatures Employee's Signature: _____ Date: _____ Evaluator's: _____ Date: _____ (signature/printed name) Administrator's: _____ Date: _____ (signature/printed name) Personnel Services Review: _____ Date: _____
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 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.
 AFTER COMPLETING EVALUATION, RETURN THIS COPY INCLUDING SIGNED ATTACHMENTS TO PERSONNEL SERVICES.
 DISTRIBUTION COPIES: EMPLOYEE'S PERSONNEL FILE, EMPLOYEE, AND EVALUATOR