

**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
PERFORMANCE EVALUATION REPORT - CSUEU (2, 5, 7 & 9) STAFF PERSONNEL**

EMPLOYEE NAME:		DEPARTMENT:	
JOB CLASSIFICATION:	EMPLOYEE STATUS: (Check one)		TYPE OF REPORT: (Check one)
	<input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Permanent		<input type="checkbox"/> 1 Yr. Probation <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.*** <input type="checkbox"/> Annual <input type="checkbox"/> Other (Unscheduled)
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.	
					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). Employee's Signature: _____ Date: _____	
							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 - *Date draft given to employee for review _____ (at least 10 days prior to finalization) 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.