Refer to Instructions on Cover Page

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

EMPLOYEE NAME: DEPARTMENT:											
							E STATUS: (Check one)	TYPE OF REPO	RT: (Check on	ie)	
							Temporary	3-Мо.	6-Mo.	9-Mo.***	
							Probationary	2 Yr. Probation			
P							Permanent	6-Mo	12-Mo	18-Mo.***	
Rating Period:							od: from to	Annual	Other (Unso	cheduled)	
a*	b*	С	d**	e**	SECTION A		SECTION B Record job strength				
	_				Factor Check-Li	st	accomplishments. Explanation of a Use attachments, as needed. Please			quired.	
Un	mpro	Προγο Δ EACH factor Solution Exc must be checked			EACH factor						
Unsatisfactory	overn										
facto	lent	factory satisfactory									
ory	Need	ſŸ	fact	-							
	ded		ory								
					1. Attendance/Punctuality						
					2. Knowledge of						
					3. Quality of Wor						
					4. Volume of Acc	•					
					5. Work Judgme						
					 6. Interpersonal F 7. Accepts Resp 		SECTION C Document examples	of problems with porfe	rmanco Evolana	tion of all	
					8. Accepts Direct	,	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.				
					6. Accepts Direct	lion					
					9. Accepts Chan	ge					
					10. Meets Deadlin	nes					
					11. Initiative						
					12. Operation and Care of Equipment						
					13. Safety Practic						
					OTHER:						
Additional Factors for Employees							SECTION D I certify that this eva			v signature	
With Lead Person Responsibility 1. Planning and Organizing						Organizing	does not necessarily indicate that I agree with the evaluation. Employee Comments (Use attachments, if needed. Please sign all attachments).				
					_			,	g		
					2. Training & Inst	truction					
					3. Productivity						
					4. Judgments & I	Decisions					
					C C				_		
					5. Leadership		Employee's Signature:		Date:		
					6. Effectively Del	egates	SECTION E Required Signature				
							*Date draft given to employee for	review(at least 10 days p	rior to finalization)	
					7. Employee Rela	ations	Evaluator's:(signature/printed i		Date:		
OVERALL EVALUATION							(signature/printed)	name)			
(Reflection of all Factors In Section A)							Administrator's:(signature/printed		Date:		
							(signature/printed	name)			
*All check marks in columns a and b require explanation in Section C.							Demonral Consistent Devision		Data		
**A	l che	ck m	arks i	n co	lumns d and e		Personnel Services Review:		Date:		
require explanation in Section B.											
SE	*** SECTION F This section must be filled out for 9 and 18 month evaluation reports only.										
REC	RECOMMEND: (Check One): Permanent Appointment Rejection During Probation Processed by HR										
Prol	oation	canr	not be	exte	nded beyond 12 ma	onths or 24 mor	nths for any reason.				
AF	AFTER COMPLETING EVALUATION, RETURN THIS COPY INCLUDING SIGNED ATTACHMENTS TO HUMAN RESOURCES. DISTRIBUTION COPIES: EMPLOYEE'S PERSONNEL FILE, EMPLOYEE, AND EVALUATOR										