

**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
PERFORMANCE EVALUATION REPORT - UAPD (Unit 1) 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)
----------------------------	--	--

	a*	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 future accomplishment. Explanation of all check marks in columns d and e is required. Use attachments, as needed. Please sign all attachments.
Quality of Medical Practice								
						1. Attendance/Punctuality		
						2. Knowledge of Work		
						3. Quality of Work		
						4. Work Judgments		
Quality of Contributions to Health Center								
						5. Interpersonal 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.
						6. Volume of Acceptable Work		
						7. Accepts Responsibility		
						8. Accepts Direction		
						9. Meets Deadlines		
						10. Initiative		
						11. Safety Practices		
Quality of Educational Activities								
								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: _____
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		
OVERALL EVALUATION (Reflection of all Factors In Section A)								
								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.

AFTER COMPLETING EVALUATION, RETURN THIS COPY INCLUDING SIGNED ATTACHMENTS TO PERSONNEL SERVICES.
DISTRIBUTION COPIES: EMPLOYEE'S PERSONNEL FILE, EMPLOYEE, AND EVALUATOR