Refer to Instructions on Cover Page

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
PERFORMANCE EVALUATION REPORT - CONFIDENTIAL (C99) STAFF PERSONNEL

EMPLOYEE NAME: **DEPARTMENT:**

EMPLOYEE ID:

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* Unsatisfactory	b* Improvement Needed	c Satisfactory	d** Above Satisfactory	e** Excellent	**SECTION A -- Factor Check-List EACH factor must be checked in the appropriate column**
					1. Attendance/Punctuality
					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					
					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)					

*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 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.

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.

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: _____

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 HUMAN RESOURCES.
DISTRIBUTION COPIES: EMPLOYEE'S PERSONNEL FILE, EMPLOYEE, AND EVALUATOR