

**CALIFORNIA STATE UNIVERSITY BAKERSFIELD AUXILIARY
PERFORMANCE EVALUATION**

EMPLOYEE NAME:					DEPARTMENT:	
JOB CLASSIFICATION:					TYPE OF REPORT: (Check One) <input type="checkbox"/> Introductory Period <input type="checkbox"/> 6 Mo. <input type="checkbox"/> Annual <input type="checkbox"/> Other (Unscheduled) _____ (Reason) DUE DATE: _____	
A* Unsatisfactory B* Improvement Needed C Standard D** Above Standard E** Excellent	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/Teamwork					
	7. Accepts Responsibility					
	8. Accepts Direction					
	9. Accepts Change					
	10. Meets Deadlines					
	11. Initiative					
	12. Operation & Care of Equipment					
	13. Safety Practices					
OTHER:						
Additional Factors for Employees With Lead Person Responsibility						
1. Planning and Organizing 2. Training & Instruction/Developing Others 3. Productivity 4. Judgments and Decisions 5. Leadership 6. Effectively Delegates 7. Employee Relations					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: _____	
OVERALL EVALUATION (Reflection of all Factors in Section A)					SECTION E: Required Signatures	
					Evaluator's: _____ Date: _____	
*All check marks in columns A and B require explanation in Section C.					Administrator's: _____ Date: _____	
**All check marks in columns D and E require explanation in Section B.					Human Resources Review: _____ Date: _____	

AFTER COMPLETING EVALUATION, RETURN THIS COPY INCLUDING SIGNED ATTACHMENTS TO HUMAN RESOURCES (ADM 104).

DISTRIBUTION COPIES: EMPLOYEE'S PERSONNEL FILE, EMPLOYEE, AND EVALUATOR

Rev. 7/10