Refer to Instructions on Cover Page

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
PERFORMANCE EVALUATION REPORT – EXCLUDED (E99) STAFF PERSONNEL

EMPLOYEE NAME: **DEPARTMENT:**

JOB CLASSIFICATION:

EMPLOYEE STATUS:
☑ Temporary

Rating Period: from _____ to _____

TYPE OF REPORT: (Check one)
☐ **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 and printed name)

Administrator's: _____ Date: _____
(signature and printed name)

Personnel Services Review: _____ Date: _____

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

Processed by HR