CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION
PERFORMANCE EVALUATION

EMPLOYEE NAME: | **DEPARTMENT:**

JOB CLASSIFICATION:

TYPE OF REPORT: (Check One)

_____ Introductory Period _____ 3 Mo. _____ 6 Mo.

_____ Annual

_____ 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.
			■		1. Attendance/Punctuality
					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:

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.

Additional Factors for Employees With Lead Person Responsibility

A*	B*	C	D**	E**	
					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)

*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 E: Required Signatures

Evaluator's: _____ Date: _____

Administrator's: _____ Date: _____

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. 5/07