Processed by HR

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

EMPLOYEE NAME: DEPARTMENT:									
JOB CLASSIFICATION: EMPLOYEE						EMPLOYEE	STATUS:	TYPE OF REPORT: (Check one)	
_							emporary	Annual	
							emporary	Ailliudi	
								Other (Unscheduled)	
Rating Period						Rating Period	: from to	_	
a*	b*	С	d**	e**	SECTION A		SECTION B Record job strengths, progress goals and specific goals for future		
Unsatisfactory	Improvement Needed	Satisfactory	Above Satisfactory	Excellent	Factor Check-List EACH factor must be checked in the appropriate column		accomplishments. Explanation of all check marks in columns d and e is required.  Use attachments, as needed. Please sign all attachments.		
					Attendance/Punctuality				
					Knowledge of	•			
					Quality of Work				
					Volume of Acceptable Work				
					5. Work Judgments				
					6. Interpersonal I	Relations			
					7. Accepts Resp	onsibility	SECTION C Document examples of problems with performance. Explanation of all		
					8. Accepts Direction		check marks in columns a and b is required. Use attachments, as needed. Please sign all attachments.		
					9. Accepts Change				
					10. Meets Deadlines				
					11. Initiative				
					12. Operation and				
					of Equipment 13. Safety Practic				
					OTHER:				
Additional Factors for Employees							SECTION D I certify that this evaluation has been discussed with me. My signature does not necessarily indicate that I agree with the evaluation.		
With Lead Person Responsibility									
	1. Planning and Organizing			1. Planning and	Organizing	Employee Comments (Use attachments, if needed. Please sign all attachments).			
					Training & Instruction     Representation     Judgments & Decisions				
					5. Leadership		Employee's Signature:	Date:	
					6. Effectively Del	egates	SECTION E Required Signatur	res	
					7. Employee Rela	ations	Evaluator's:(signature and prints	Date:	
					, ,		(signature and prii	neu name)	
OVERALL EVALUATION (Reflection of all Factors In Section A)							Administrator's:(signature and pr	Date:	
(1.c. color of all 1 actors in dection A)							(signature and pr	inted name)	
*All check marks in columns a and b							Personnel Services Review:	Date:	
require explanation in Section C.  **All check marks in columns d and e									
require explanation in Section B.									
AFTER COMPLETING EVALUATION, RETURN THIS COPY INCLUDING SIGNED ATTACHMENTS TO HUMAN RESOURCES. DISTRIBUTION COPIES: EMPLOYEE'S PERSONNEL FILE, EMPLOYEE, AND EVALUATOR									