

Staff Employee Performance Evaluation

Evaluation form applicable for staff employees represented by UAPD (Unit 1); CSUEU (Units 2, 5, 7, 9); SETC (Unit 6); SUPA (Unit 8); and Confidential (C99) Employees

Date:	Name:	Empl ID:	Original Hire Date:
This evaluation is for the time period from: _____ to _____		Classification Title:	Department/Division/College:
<input type="checkbox"/> Probationary As outlined below for each respective unit	<input type="checkbox"/> Permanent Employee Annual	<input type="checkbox"/> Temporary Employee Each appointment/minimum one per year	<input type="checkbox"/> Other
UAPD Frequency of evaluations shall be sufficient to make timely recommendation prior to the end of the probationary period	CSUEU 3rd Month 6th Month 11th Month	SETC 6th Month 11th Month	SUPA 6th Month 9th Month 12th Month

Rating Definitions

Exceeds Expectations
Performance exceeds expectations due to exceptional quality of work performed in all essential areas of responsibility resulting in an overall quality of work that is excellent, and/or includes the completion of a major goal/project, and/or makes an exceptional or unique contribution in support of unit, department, or University objectives. Meets annual goals or exceeds expectations.

Meets Expectations (Satisfactory):
Performance consistently meets expectations in all *essential* areas of responsibility and the quality of work is satisfactory overall. The most critical annual goals are met.

Requires Improvement:
Performance does not *consistently* meet expectations. Performance fails to meet expectations in one or more *essential* areas of responsibility, and/or one or more of the most critical goals are not met. Overall quality of work needs improvement. Performance is consistently below expectations in most *essential* areas of responsibility, and/or reasonable progress toward critical goals was not made. Significant improvement is needed in any important areas. A professional development plan may be necessary to improve performance.

Were tasks and responsibilities described by the position's job description reviewed by both the employee and evaluator? Yes No
Is this job description current? Yes No *If no, please update and forward to Human Resources with this performance evaluation.*

PERFORMANCE REVIEW REPORT Please check box in appropriate column.	Exceeds Expectations	Meets Expectations	Requires Improvement*	Comments Attach additional sheets if necessary.	Not Applicable
1. Job Knowledge Demonstrates the knowledge and skills necessary to perform the essential functions of the job description.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2. Quality of Work Demonstrates accuracy, thoroughness and efficiency; understands goals and completes assignments within reasonable timeframes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

3. Problem-Solving Demonstrates analytical and problem-solving skills; recognizes, diagnoses, and resolves routine problems independently; considers policies, procedures, and long term ramifications of decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4. Organizational Skills Demonstrates ability to plan, organize and coordinate job duties in a manner that efficiently and effectively achieves desired work goals/objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5. Teamwork Demonstrates ability to foster a supportive work environment by establishing and maintaining effective working relationships within a diverse population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6. Flexibility and Adaptability Demonstrates ability to handle changing demands and uncertainty; can respond quickly to problems; receptive to learn new techniques and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7. Interpersonal Skills <i>(Customer service, Communication, Integrity and Trust, Professionalism)</i> Easily understood by others; able to communicate clearly; demonstrates active listening skills; demonstrates integrity and professionalism; is trustworthy; demonstrates tact and courtesy in discussions with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8. Attendance Consider the employee's work attendance and punctuality. Observe the number of unexcused absences or excessive absenteeism and/or patterned absences. Also consider when tardiness is held to a minimum and is with good cause.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9. Safety Adherence to and support of federal, state and university safety standards and practices. Follows work safety procedures when operating equipment, machinery, and/or vehicles. Properly inspects equipment, machinery, and/or vehicles before use. Proactive in dealing with safety conditions or situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10. Supervision of Others Promotes a positive work environment; regularly communicates with employees, delegates tasks and motivates/leads others to achieve or exceed unit goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
OVERALL PERFORMANCE:	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Requires Improvement*	*Please explain how employee is not meeting expectations with specific example(s) in Evaluator Comments Box.	

Manager's Comments Regarding Performance Review:

Manager's Statement (Future Performance Objectives, Plans and Goals):

Manager's Name/Title (Please print) **Manager's Signature** **Date**

Date evaluation draft given to employee for review: _____ **Manager's Initials** _____ **Employee Initials** _____

Date Manager discussed evaluation with employee: _____ **Manager's Initials** _____ **Employee Initials** _____

For CSUEU represented employees: Time elapsed between these two dates should not exceed ten (10) business days (CSUEU Article 10.9).

All other units: Time elapsed between dates should not exceed five (5) business days.

Appropriate Administrator's Comments (May be Director/Department Head or Dean/Division Head; Provost/Vice President):

Administrator Name/Title (Please print) **Administrator Signature** **Date**

Employee Comments (Attach additional sheets as necessary):

Employee Signature **Date**

Employee: This signature indicates neither agreement nor disagreement with this evaluation, but it does indicate that you have read the evaluation and it has been discussed with you. Please return original form to your immediate supervisor for submission to Human Resources.