

California State University, Fresno
**MPP and Confidential Employee
Annual Performance Review Process**

Manager Being Evaluated _____
Department _____
Evaluation Period _____
Evaluator/Supervisor _____

Supervisor's CHECKLIST

Use the parts that are most appropriate to the level of the position being evaluated. At a minimum, Part B or C, and signatures on Part D should be completed. Evaluators are urged to attend training sessions on conducting performance evaluations.

PART A. Yearly Performance Summary.....Completed by Employee being reviewed

MPP evaluations may begin with the preparation of documents by the MPP being evaluated. The MPP reviews his or her goals established in the last year's performance evaluation and prepares a document that summarizes progress toward those goals. The MPP may furnish the names of four people (a blend of roles is recommended) who may be asked to complete a *Perception Survey*. (Optional)

PART B. Summary Statement from Supervisor.....Completed by You

This is your assessment of the MPP's performance over the stated evaluation period (and offers a rationale for the ratings that follow, if using Part C).

PART C. Goals & Performance Dimensions.....Completed by You

This identifies the criteria used as a basis for the evaluation. Write in the spaces provided the yearly goals and corresponding outcome measures *that were established at the beginning of this evaluation period*. Then, indicate by an **X** your rating. Similarly, mark **X** in each of the 12 "performance dimensions," and the "overall rating."

PART D. Next Year's Goals.....Completed by You

This is the criteria you will use for next year's evaluation. Discuss them with the MPP. Next year's goals **should be identified as soon as possible after July 1**.

Specify in the "*Professional Development Plan*" section any recommendations or plans for training or activity related to the MPP's growth and development. *It is particularly important that any deficits or weak areas identified in your assessment have a corresponding plan for correction or growth.*

Finally, obtain all appropriate signatures. (Required)

When all sections are completed, forward the original to Human Resources (MS#41) for inclusion in the personnel file..... Done!

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PART A. Yearly Performance Summary

As the MPP being evaluated, you will gather and summarize *data relevant to previously established goals & outcome measures*. Outcome measures are defined as specific, quantifiable means of assessing goals. They answer the question “how will you fulfill or accomplish this goal?” This data may take different forms depending on one’s particular unit and performance goals. For instance, supporting documentation may include customer satisfaction survey results, budget information, program or service usage statistics, samples of completed projects/reports and/or other written documentation. In some areas, managers already prepare an “annual report” which would satisfy this requirement.

It is your responsibility to **summarize your performance** relative to those goals and to **furnish documentation** in terms of the outcome measures that were agreed upon at the start of the present evaluation period. While you may exercise latitude in how you organize your summary statement, it is advisable to *specifically identify each goal and outcome measure* in your summary report and to comment on your progress in meeting them.

If there are *contingencies* which may have affected your ability to accomplish or measure your goals, or if your assignment *changed* significantly from the time your goals were agreed upon, be sure to document this in your statement. Any changes in your goals or outcome measures, however, should have been negotiated with your supervising manager or administrator prior to the reporting period. Any additional issues you would like your supervisor to consider should also be noted.

Submit this summary to your supervisor with the following information:

Names of people to contact for future comments on your performance:

1.	_____	_____	_____	_____
	Name	Email	Department	Relationship*
2.	_____	_____	_____	_____
	Name	Email	Department	Relationship*
3.	_____	_____	_____	_____
	Name	Email	Department	Relationship*
4.	_____	_____	_____	_____
	Name	Email	Department	Relationship*
5.	_____	_____	_____	_____
	Name	Email	Department	Relationship*
6.	_____	_____	_____	_____
	Name	Email	Department	Relationship*

MPP Signature

Date

* Subordinate, co-worker, community member, etc.

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PART B. Summary Statement from Supervisor

Directions: Summarize your assessment of the manager named above over the stated evaluation period, including a rationale for the ratings that follow and an explanation of any special circumstances that were considered.

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Part C. Goals & Performance Dimensions

- (O) **OUTSTANDING:** Manager's job performance is exceptional, *consistently exceeding expectations* for unit and personal performance goals; employee has made *significant contributions* to the goals and objectives of the University and the unit.
- (C) **COMMENDABLE:** Manager's job performance consistently meets and *frequently exceeds* job requirements. Manager is recognized as being a *definite asset* in accomplishing personal performance goals as well as the goals and objectives of the unit.
- (S) **SATISFACTORY:** Manager meets all job requirements in a competent manner. Meets relevant unit and personal goals. This is the expected minimum level of performance for managers.
- (I) **IMPROVEMENT NEEDED:** Manager meets some job requirements and relevant unit and personal goals, and minimally meets others.
- (U) **UNSATISFACTORY:** Manager does not meet job requirements for position, including relevant unit and personal performance goals. Immediate and significant improvement is needed.
- (N) **NOT APPLICABLE:** Performance criteria does not apply to employee's job assignment.

UNIT GOALS (established last year)		O	C	S	I	U	N
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1.	Outcome Measure: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Outcome Measure: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Outcome Measure: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Outcome Measure: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE DIMENSIONS

	O	C	S	I	U	N
1. Time Management/Ability to Prioritize Workload -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interpersonal Skills -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Written Communication -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Problem Solving/Decision Making -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Training/Development -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Technical Knowledge -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Attitude and Collegiality -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Customer Service -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Integrity/Honesty -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Leadership -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Supervisory Skills -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Promotion of Goals of University -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL RATING*

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Other factors explained in Part B may be considered in this rating

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Part D. Next Year's Goals (Complete as soon as possible after July 1.)

GOALS

1. _____

Outcome Measure: _____

2. _____

Outcome Measure: _____

3. _____

Outcome Measure: _____

4. _____

Outcome Measure: _____

5. _____

Outcome Measure: _____

PROFESSIONAL DEVELOPMENT PLAN for the next evaluation period:

Signatures: *****

_____ MPP Evaluator's Name	_____ MPP Evaluators' Signature	_____ MPP Evaluator's Fresno State ID #	_____ Date
_____ MPP's Name	_____ MPP's Signature	_____ MPP's Fresno State ID#	_____ Date
_____ President or Vice President's Name	_____ President or Vice President's Signature		_____ Date