



California State University, Monterey Bay

PLANNING & PERFORMANCE APPRAISAL

Represented (CSUEU and SUPA) Staff Personnel

| | | |
|--------------------|---|--|
| a. Employee Name | b. Appraisal Period: From: _____ To: _____ | c. _____ Probationary Employee _____ First _____ Second _____ Final |
| d. Classification: | e. Dept.: | _____ Regular Employee _____ Temp _____ Annual _____ Additional |

| | |
|--|---|
| DIMENSION CHECKLIST: Each Dimension must be marked with the appropriate rating from the Ratings Key. | Ratings Key: O = Outstanding C = Commendable S = Satisfactory I = Improvement Needed U = Unsatisfactory N/A = Not Applicable |
|--|---|

Part I. EMPLOYEE & WORK DIMENSIONS NARRATIVE:
(Use Dimension Checklist & attachments if necessary)

| |
|--|
| * EMPLOYEE DIMENSIONS * |
| Work Hour Compliance (Only use S, I or U) |
| Attendance (Only use S, I, or U,) |
| Judgment |
| Safety/Health Compliance |
| Adaptability |
| Initiative |
| Acceptance of Responsibility |
| * WORK DIMENSIONS * |
| Quantity of Work |
| Quality of Work |
| Accuracy |
| Reliability (Timeliness) |
| Policy/Procedure Compliance |
| Organization |
| Response to Supervision |
| Working Relationships |
| Written Communication |
| Oral Communication |
| * SUPERVISORS ONLY * |
| Leadership |
| Performance Appraisals |
| Training/Orientation |
| Safety & Health |
| Delegation of Work |
| Employee Relations |
| * PROBATIONARY ONLY * |
| Job Knowledge Level |
| Job Ability Level |
| Job Skills Level |

Part II. GOAL-BASED PERFORMANCE REVIEW: (Use Ratings key)

A. List major goals & objectives of prior evaluations/meetings/discussions

1. Goal _____ and comments
Rating _____

2. Goal _____ and comments
Rating _____

3. Goal _____ and comments
Rating _____

PLANNING & PERFORMANCE APPRAISAL – Represented Staff Personnel

Part III. OVERALL RATING: Summary evaluation based on Parts I. & II.

- _____ Outstanding; readily grasps all aspects of the job
- _____ Commendable; exceeds expected requirements; good understanding of the job
- _____ Satisfactory; equal to expected requirements; satisfactorily handles assignments
- _____ Improvement Needed; generally needs assistance to meet requirements
- _____ Unsatisfactory: does not meet minimum requirements

Part IV. PLANNING & DEVELOPMENT:

A. Goals and objectives for the next evaluation period. Provide specific actions to be taken to improve areas identified as needing strengthening in Parts I. & II.

| |
|----|
| 1. |
| 2. |
| 3. |

B. Job enrichment. If applicable, what additional training would you recommend?
Indicate preferred time line.

| |
|--|
| |
|--|

Part V. EMPLOYEE COMMENTS (Optional):

| |
|--|
| |
|--|

Part VI. RECOMMENDATION FOR REGULAR APPOINTMENT
(Required for Appraisals completed during the last quarter of Probation):

I recommend: _____ Regular appointment _____ Probationary termination

Part VII. SIGNATURES

Appropriate Administrator Signature: _____ **Date:** _____
(Signature indicates review by the Administrator prior to evaluation discussion with employee)

Administrator's Printed Name: _____

Employee Signature: _____ **Date:** _____

I certify this Performance Planning & Appraisal has been discussed with me. My signature does not indicate that I agree with this Evaluation, but that counseling has occurred with regard to this Appraisal.

Evaluator/Supervisor Signature: _____ **Date:** _____

Supervisor's Printed Name: _____