



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 _____ Regular Employee _____ Temp _____ Annual _____ Additional
d. Classification:	e. Dept.:	

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
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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
Rating _____ and comments

2. Goal
Rating _____ and comments

3. Goal
Rating _____ and comments

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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.

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Part V. EMPLOYEE COMMENTS (Optional):

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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: _____