



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

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