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

<table>
<thead>
<tr>
<th>Date:</th>
<th>Name:</th>
<th>Empl ID:</th>
<th>Original Hire Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>This evaluation is for the time period from:</td>
<td>to</td>
<td>Classification Title:</td>
<td>Department/Division/College:</td>
</tr>
<tr>
<td>☐ Probationary</td>
<td>☐ Permanent Employee</td>
<td>☐ Temporary Employee</td>
<td>☐ Other</td>
</tr>
<tr>
<td>As outlined below for each respective unit</td>
<td>Annual</td>
<td>Each appointment/minimum one per year</td>
<td></td>
</tr>
<tr>
<td>UAPD</td>
<td>CSUEU</td>
<td>SETC</td>
<td>SUPA</td>
</tr>
<tr>
<td>Frequency of evaluations shall be sufficient to make timely recommendation prior to the end of the probationary period</td>
<td>☐ 3rd Month</td>
<td>☐ 6th Month</td>
<td>☐ 6th Month</td>
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<tr>
<td></td>
<td>☐ 6th Month</td>
<td>☐ 11th Month</td>
<td>☐ 9th Month</td>
</tr>
<tr>
<td></td>
<td>☐ 11th Month</td>
<td></td>
<td>☐ 12th Month</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Non-Academic, one-year period</td>
<td>☐ Administrative, two year period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Confidential Office Support/Confidential Technical Support/Legal Assistant/Legal Secretary/Paralegal)</td>
<td>(Confidential Administrative Support/Presidential Aide)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>☐ 6th Month</td>
<td>☐ 12th Month</td>
<td></td>
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<tr>
<td></td>
<td>☐ 6th Month</td>
<td>☐ 18th Month</td>
<td></td>
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<tr>
<td></td>
<td>☐ 24th Month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: part-time service does not count toward probationary period.</td>
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</tbody>
</table>

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 Form 120 and forward to Human Resources with this performance evaluation.

PERFORMANCE REVIEW REPORT
Please check box in appropriate column.

<table>
<thead>
<tr>
<th>PERFORMANCE REVIEW REPORT</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Requires Improvement*</th>
<th>Comments Attach additional sheets if necessary.</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Job Knowledge</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Demonstrates the knowledge and skills necessary to perform the essential functions of the job description.</td>
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<tr>
<td>2. Quality of Work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Demonstrates accuracy, thoroughness and efficiency; understands goals and completes assignments within reasonable timeframes.</td>
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<tr>
<td>3. Problem-Solving</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Demonstrates analytical and problem-solving skills; recognizes, diagnoses, and resolves routine problems independently; considers policies, procedures, and long term ramifications of decisions.</td>
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<tr>
<td>4. Organizational Skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Demonstrates ability to plan, organize and coordinate job duties in a manner that efficiently and effectively achieves desired work goals/objectives.</td>
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<tr>
<td>5. Teamwork</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Demonstrates ability to foster a supportive work environment by establishing and maintaining effective working relationships within a diverse population.</td>
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<td>6. Flexibility and Adaptability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Demonstrates ability to handle changing demands and uncertainty; can respond quickly to problems; receptive to learn new techniques and procedures.</td>
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<tr>
<td>7. Interpersonal Skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>(Customer service, Communication, Integrity and Trust, Professionalism)</td>
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<td></td>
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<tr>
<td>Easily understood by others; able to</td>
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</tbody>
</table>
communicate clearly; demonstrates active listening skills; demonstrates integrity and professionalism; is trustworthy; demonstrates tact and courtesy in discussions with others.

8. **Supervision of Others**
Promotes a positive work environment; regularly communicates with employees, delegates tasks and motivates/leads others to achieve or exceed unit goals.

| | ☐ | ☐ | ☐ | ☐ |

**OVERALL PERFORMANCE:**

☐ Exceeds Expectations
☐ Meets Expectations
☐ Requires Improvement* *

*Please explain how employee is not meeting expectations with specific example(s) in Evaluator Comments Box.

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**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.

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**Evaluator’s Comments Regarding Performance Review:**

**Evaluator’s Statement (Future Performance Objectives, Plans and Goals):**

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Evaluator Name/Title (Please print) ____________________________
Evaluator Signature ____________________________
Date ____________________________

Evaluator: By signing this form you are certifying your status as an MPP Administrator or their designee.

Date evaluation draft given to employee for review: ____________
Evaluator Initials ____________
Employee Initials ____________

Date Evaluator discussed evaluation with employee: ____________
Evaluator 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 Chair; Dean/Division Head; Provost/Vice President):

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

September 23, 2016
<table>
<thead>
<tr>
<th>Employee Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**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.