**HR Form 138**

HR Use Only: \_\_\_\_\_\_\_\_\_\_\_

**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

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

 Were tasks and responsibilities described by the position’s job description reviewed by both the employee and Appropriate Administrator? [ ]  **Yes** [ ]  **No**

Is this job description current? [ ]  **Yes** [ ]  **No** *If no, please update Form 120 and forward to Human Resources with this performance evaluation*.

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| **PERFORMANCE REVIEW REPORT****Please check box in appropriate column.** | **Exceeds Expectations** | **Meets Expectations** | **Requires Improvement\*** | **Comments**Attach additional sheets if necessary. | **Not Applicable** |
| 1. **Job Knowledge**

Demonstrates the knowledge and skills necessary to perform the essential functions of the job description. | [ ]  | [ ]  | [ ]  |   | [ ]  |
| 1. **Quality of Work**

Demonstrates accuracy, thoroughness and efficiency; understands goals and completes assignments within reasonable timeframes.  | [ ]  | [ ]  | [ ]  |       | [ ]  |
| 1. **Problem-Solving**

Demonstrates analytical and problem-solving skills; recognizes, diagnoses, and resolves routine problems independently; considers policies, procedures, and long term ramifications of decisions. | [ ]  | [ ]  | [ ]  |       | [ ]  |
| 1. **Organizational Skills**

Demonstrates ability to plan, organize and coordinate job duties in a manner that efficiently and effectively achieves desired work goals/objectives.  | [ ]  | [ ]  | [ ]  |       | [ ]  |
| 1. **Teamwork**

Demonstrates ability to foster a supportive work environment by establishing and maintaining effective working relationships within a diverse population.  | [ ]  | [ ]  | [ ]  |       | [ ]  |
| 1. **Flexibility and Adaptability**

Demonstrates ability to handle changing demands and uncertainty; can respond quickly to problems; receptive to learn new techniques and procedures.  | [ ]  | [ ]  | [ ]  |       | [ ]  |
| 1. **Interpersonal Skills**

(*Customer service, Communication, Integrity and Trust, Professionalism*)Easily understood by others; able to communicate clearly; demonstrates active listening skills; demonstrates integrity and professionalism; is trustworthy; demonstrates tact and courtesy in discussions with others. | [ ]  | [ ]  | [ ]  |       | [ ]  |
| 1. **Supervision of Others**

Promotes a positive work environment; regularly communicates with employees, delegates tasks and motivates/leads the work of 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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| **Appropriate Administrator’s Comments Regarding Performance Review:**       |
| **Appropriate Administrator’s Statement (Future Performance Objectives, Plans and Goals):**       |
|  |  |  |  |  |
| **Appropriate Administrator Name/Title (Please print)** |  | **Appropriate Administrator Signature** |  | **Date** |
|  |

**Date evaluation draft given to employee for review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appropriate Administrator Initials \_\_\_\_\_\_\_\_\_ Employee Initials \_\_\_\_\_\_\_\_\_\_\_\_**

**Date Appropriate Administrator discussed evaluation with employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appropriate Administrator Initials \_\_\_\_\_\_\_\_\_ Employee Initials \_\_\_\_\_\_\_\_\_\_\_\_** Time elapsed between the two dates above shall be in compliance with the appropriate Collective Bargaining Agreement.

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| **Employee Comments (Attach additional sheets as necessary):** |
|  |  |  |
| **Employee Signature** |  | **Date** |

***Employee:*** This signature indicates neither agreement nor disagreement with this evaluation but it does indicate that you have read the evaluation and that it has been discussed with you. Please return original form to your Appropriate Administrator for submission to Human Resources.