

Confidential Employee

HUMBOLDT STATE UNIVERSITY	REPORT OF PERFORMANCE FOR TEMPORARY SUPPORT STAFF EMPLOYEE	ANNUAL EVALUATION OTHER
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NAME	POSITION	DIV/DEPT	DATE OF APPOINTMENT
FROM 5/1/08 TO 5/1/09	Return to Human Resources Before	5/31/09	

Not Satisfactory	Satisfactory	Above Satisfactory	SECTION A Rate only those factors that apply to this position. Immediate supervisor must check each appropriate factor in the proper columns. Additional factors may be added as appropriate to the position.	Not Rated	SECTION B: Record job STRENGTHS & superior performance incidents. Must be completed if rating is above satisfactory.
			1. Observance of work hours		SECTION C: Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. Must be completed if rating is unsatisfactory.
			2. Attendance		
			3. Public contacts		
			4. Employee contacts		SECTION D: Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken during the next evaluation period.
			5. Communication with others		
			6. Knowledge of work		
			7. Work judgments		
			8. Planning & organizing		
			9. Job skill level		
			10. Quality of work		
			11. Acceptable work volume		
			12. Meeting deadlines		
			13. Accepts responsibility		
			14. Accepts direction		SECTION E: Do you recommend retention or termination at this time? Retention Termination
			15. Operation & care of equip.		
			16. Initiative & creativity		If you recommend retention, do you have reservations? Yes No
			17. Learning ability		
			18. Work station appearance		SECTION F: The last position description on file in this office is dated: Is this description still accurate: Yes No
			19. Safety practices		
			20. Accepts change		We have no position description for this position.
			21. Effectiveness under stress		
			22.		SECTION G: Overall Performance Rating: Not Satisfactory Satisfactory Above Satisfactory
			23.		
			24.		
Any Unsatisfactory rating must be explained in Section C					I certify this report represents my best judgment. RATER:
Above Satisfactory rating must be explained in Section B					
For employees who supervise others					(Rater's Signature) (Title) (Date)
			25. Work coordination		DEPARTMENT HEAD/DEAN/V.P.
			26. Planning and organizing		(Signature) (Title) (Date)
			27. Scheduling & coordinating		Employee: I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement. Comments:
			28. Training and instructing		
			29. Productivity		
			30. Evaluating subordinates		
			31. Judgments & decisions		
			32. Leadership skills		
When completed, please make a copy for your records and the employee before sending the original to Human Resources.					(Employee Signature) (Date)