

Confidential Employee

HUMBOLDT STATE UNIVERSITY	REPORT OF PERFORMANCE FOR PROBATIONARY SUPPORT STAFF EMPLOYEE	FIRST FINAL	SECOND OTHER
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NAME		POSITION	DIV/DEPT	DATE OF APPOINTMENT
FROM	TO	Return to Human Resources Before		
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	
			2. Attendance	
			3. Public contacts	
			SECTION C: Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. Must be completed if rating is unsatisfactory.	
			4. Employee contacts	
			5. Communication with others	
			6. Knowledge of work	
			7. Work judgments	
			8. Planning & organizing	
			9. Job skill level	
			10. Quality of work	
			SECTION D: Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken during the next evaluation period.	
			11. Acceptable work volume	
			12. Meeting deadlines	
			13. Accepts responsibility	
			14. Accepts direction	
			15. Operation & care of equip.	
			16. Initiative & creativity	
			17. Learning ability	
			SECTION E: Do you recommend retention or termination at this time?	
			Retention	Termination
			If you recommend retention, do you have reservations? Yes No	
			SECTION F: The last position description on file in this office is dated:	
			Is this description still accurate: Yes No	
			We have no position description for this position.	
			SECTION G: Overall Performance Rating:	
			Not Satisfactory	Satisfactory
			Above Satisfactory	
Any Unsatisfactory rating must be explained in Section C		I certify this report represents my best judgment.		
Above Satisfactory rating must be explained in Section B		RATER:		
For employees who supervise others		(Rater's Signature)	(Title)	(Date)
			DEPARTMENT HEAD/DEAN/V.P.	
			(Signature)	(Date)
			(Title)	
Employee: I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement.				
Comments:				
			(Employee Signature)	
			(Date)	
When completed, please make a copy for your records and the employee before sending the original to Human Resources.				