

Confidential Employee

HUMBOLDT STATE UNIVERSITY	REPORT OF PERFORMANCE FOR PERMANENT 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			
			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		SECTION D: Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken during the next evaluation period.	
			13. Accepts responsibility			
			14. Accepts direction			
			15. Operation & care of equip.			
			16. Initiative & creativity			
			17. Learning ability			
			18. Work station appearance			
			19. Safety practices			SECTION E: Do you recommend retention or termination at this time? Retention Termination If you recommend retention, do you have reservations? Yes No
			20. Accepts change			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.
			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			
			Above Satisfactory rating must be explained in Section B			
			For employees who supervise others			
			25. Work coordination		I certify this report represents my best judgment. RATER:	
			26. Planning and organizing		(Rater's Signature) (Title) (Date)	
			27. Scheduling & coordinating		DEPARTMENT HEAD/DEAN/V.P. (Signature) (Title) (Date)	
			28. Training and instructing		Employee: I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement. Comments:	
			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)	