CLEAR FIELDS PRINT

HUMBOLDT STATE UNIVERSITY

REPORT OF PERFORMANCE FOR PROBATIONARY SUPPORT STAFF EMPLOYEE

☐ FIRST ☐ SECOND ☐ FINAL ☐ OTHER

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
			1. Observance of work hours	
			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	
			13. Accepts responsibility	
			14. Accepts direction	
			15. Operation & care of equip.	
			16. Initiative & creativity	
			17. Learning ability	
			18. Work station appearance	
			19. Safety practices	
			20. Accepts change	
			21. Effectiveness under stress	
			22.	
			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	
			26. Planning and organizing	
			27. Scheduling & coordinating	
			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.

SECTION B: Record job STRENGTHS & superior performance incidents.
Must be completed if rating is above satisfactory.

SECTION C: Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. **Must be completed if rating is unsatisfactory.**

SECTION D: Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken during the next evaluation period.

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

As a final probationary report, do you recommend this employee for permanent status?
☐ Yes ☐ No

I certify this report represents my best judgment.

RATER:

(Rater's Signature) (Title) (Date)

DEPARTMENT HEAD/DEAN/V.P.

(Signature) (Title) (Date)

Employee: I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement.
Comments:

(Employee Signature) (Date)