

**RATER - BEFORE MARKING THIS REPORT, READ INSTRUCTIONS ON BACK PAGE**

<b>HUMBOLDT STATE UNIVERSITY</b>	<b>REPORT OF PERFORMANCE FOR TEMPORARY SUPPORT STAFF EMPLOYEE</b>	<b>ANNUAL EVALUATION OTHER</b>
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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. <b>Must be completed if rating is above satisfactory.</b>
			1. Observance of work hours		SECTION C: Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. <b>Must be completed if rating is unsatisfactory.</b>
			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		SECTION D: Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken during the next evaluation period.
			12. Meeting deadlines		
			13. Accepts responsibility		
			14. Accepts direction		
			15. Operation & care of equip.		
			16. Initiative & creativity		
			17. Learning ability		
			18. Work station appearance		SECTION E: Do you recommend retention or termination at this time? Retention                      Termination If you recommend retention, do you have reservations?                      Yes                      No
			19. Safety practices		
			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: <b>Overall Performance Rating:</b>  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		I certify this report represents my best judgment. RATER:
			<b>For employees who supervise others</b>		(Rater's Signature)                      (Title)                      (Date)
			25. Work coordination		DEPARTMENT HEAD/DEAN/V.P.
			26. Planning and organizing		
			27. Scheduling & coordinating		(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		
			<b>When completed, please make a copy for your records and the employee before sending the original to Human Resources.</b>		(Employee Signature)                      (Date)

## UAPD EMPLOYEE

It is the appropriate administrator's or designated evaluator's responsibility to properly evaluate employees. If, before starting the evaluation process, there are any questions, please contact the Human Resources Director. If an evaluation is going to be negative, please first contact the Human Resources Director. A performance evaluation is considered a draft evaluation until it contains the signature of the appropriate administrator.

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**Article 13 of the UAPD Collective Bargaining Agreement outlines the process for employee performance evaluation.**

### Temporary and Probationary

**13.1** Temporary and probationary employees in Bargaining Unit 1 shall be subject to periodic performance evaluations as determined by the President. The frequency of probationary employee evaluations shall be sufficient to make timely recommendation to the President prior to the end of the employee's probationary period.

**13.2** A written record of the periodic performance evaluation shall be placed in the employee's personnel file. The employee shall be provided with a copy of the written record of the performance evaluation.

### Permanent Employees

**13.3** Permanent employees in Bargaining Unit 1 shall be subject to periodic performance evaluations as determined by the President.

**13.4** A written record of the periodic performance evaluation shall be placed in the employee's personnel file. The employee shall be provided with a copy of the written record of the performance evaluation.

### Evaluation of Physicians

**13.5** When evaluation entails judgment regarding a physician's performance of assigned medical duties, such judgment shall be made by supervisory and managerial personnel who are licensed physicians.

### General Provisions

**13.6** Evaluations should be a review of the employee's work performance and should be based upon criteria which is objective in nature.

**13.7** If an employee disagrees with the record of a performance evaluation which has been placed in his/her personnel file, the employee may submit a rebuttal statement which shall be attached to the record of the performance evaluation.

**13.8** The content of performance evaluations shall not be subject to the provisions of Article 8, Grievance Procedure.

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### INSTRUCTIONS FOR USE OF THE PERFORMANCE EVALUATION

1. Due dates must be observed.
2. Performance evaluations provide a written record for employees of a "job well done."
3. Evaluations are also an important document in any disciplinary action. Before taking any action, you must consult with the Human Resources Director. Disciplinary action requires evidence of preceding warning and reports bearing the signature of evaluator and employee, or otherwise certified. Unscheduled reports may be filed at any time for any employee.
4. If space for comments is inadequate, similarly dated and signed attachments may be made (either typewritten or in ink.)

**SECTION A:** Check one column for each factor. If additional explanation is warranted use section B or C as appropriate. Additional spaces have been provided to write any additional factors. Any unsatisfactory check mark requires specific explanation in SECTION C.

**SECTION F:** Please verify that the position description on file in Human Resources is still accurate.

**SECTION G:** You must complete this section.

**If you have questions regarding this form or the evaluation process, please contact Human Resources, ext 3626.**