



HSU ID

Report of Performance for Permanent Support Staff Confidential

Employee Return to Human Resources before 5/31/

Annual Evaluation

Other

From: 5/1/ to 4/30/

Employee Full Name	Position	Division/Department	Date of Appointment

Not Satisfactory	Satisfactory	Above Satisfactory	SECTION A	Not Rated
			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.	
			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 and organizing	
			9. Job skill level	
			10. Quality of work	
			11. Acceptable work volume	
			12. Meeting deadlines	
			13. Accepts responsibility	
			14. Accepts direction	
			15. Operation and care of equip.	
			16. Initiative and creativity	
			17. Learning ability	
			18. Work station appearance	
			19. Safety practices	
			20. Accepts change	
			21. Effectiveness under stress	
			22.	
			23.	
			24.	
For employees who supervise others				
			25. Work coordination	
			26. Planning and organizing	
			27. Scheduling and coordinating	
			28. Training and instructing	
			29. Productivity	
			30. Evaluating subordinates	
			31. Judgments and decisions	
			32. Leadership skills	

SECTION B: Record Job STRENGTHS and 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: N/A

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

I certify this report represents my best judgment.

Name	Title	Signature	Date
Rater			
Appropriate Administrator			

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

Comments

Once complete, please make a copy for your records and the employee before sending the original to Human Resources.