



HSU ID

Report of Performance for Temporary Confidential Support Staff 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 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.		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 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: Do you recommend retention or termination at this time?

	Retention	Termination
If you recommend <b>retention</b> , 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
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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.