



HSU ID

Report of Performance for Temporary Support Staff UAPD

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 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
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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.

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 Human Resources. If an evaluation is going to be negative, please first contact Human Resources. A performance evaluation is considered a draft evaluation until it contains the signature of the appropriate administrator.

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.

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 AVP of Human Resources. 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.)
- 5. Follow the instructions and upload the Evaluation Form and Attachments to Adobe Sign. [Learn How Here](#).

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, extension 3626