



**STAFF PERFORMANCE APPRAISAL**  
**For employees represented by UAPD (Unit 1); CSEA (Units 2,5,7,9);**  
**SETC (Unit 6); SUPA (Unit 8); and Confidential Employees**

Last Name	First	M. Initial	Employee ID (PeopleSoft)	<b>Type of Evaluation:</b> <input type="checkbox"/> Probationary Employee <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th Date Probation Ends: <input type="checkbox"/> Permanent Employee--Annual Evaluation <input type="checkbox"/> Temporary Employee--Periodic Evaluation <input type="checkbox"/> Other:
Job Classification			Start Date in Current Classification	
Department				

For CSEA represented employees, the employee shall be given up to **5 days** to review a draft of this evaluation and to provide input to the evaluator. The evaluator shall consider the input provided in the 5 day period in preparing the final performance evaluation (CSEA MOU Article 10.7-8).

**Period covered by this appraisal:**

FROM                      TO  
Month Day Year    Month Day Year

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Length of time under current supervisor:

All ratings must be related to the performance of job functions as outlined in the employee's job description. NOTE: Ratings must be specifically justified or explained in the "Performance of Job Functions" column. Use additional paper if necessary.

**RATING GUIDELINE:**

1 = Unacceptable  
 2 = Needs Improvement  
 3 = Meets Standard\*  
 4 = Exceeds Standard  
 5 = Substantially Exceeds Standard

% Time (Total = 100%)	Job Functions for Period of Evaluation. (Please list in order of importance.)	Performance of Job Functions. This section should address all applicable factors such as: quality of work, quantity of work/productivity, initiative, professional judgment & responsibility (also including dependability, attendance, and working relationships), specific contributions to the campus/CSU and specific contributions to the community in areas directly related to the employee's work assignment.	Rating (1 - 5)

\*Note: Per Article 10.2 of the CSEA contract "Meets Standard" is the equivalent of "satisfactory" or acceptable level of performance.

**ADDITIONAL FACTORS FOR EMPLOYEES WITH LEAD OR SUPERVISORY RESPONSIBILITIES**

1. Promotes observance of general safety requirements and standards.		
2. Supports and implements established commitments to equal employment opportunity and diversity.		
3. Creates a climate which promotes customer service, collaboration, and teamwork.		

**OVERALL NUMERIC RATING:**

PLEASE PROVIDE ANY ADDITIONAL COMMENTS ON THE EMPLOYEE'S PERFORMANCE:
FUTURE PLANS AND OBJECTIVES:
EMPLOYEE COMMENTS:

<p><b>Signature of Immediate Supervisor</b> All information on this form has been discussed with the employee.</p> <p>_____</p> <p>Typed/Printed Name</p> <p>Signature ➤ <span style="float: right;">Date:</span></p>	<p><b>Employee's Signature</b> Your signature indicates neither agreement nor disagreement with this evaluation, but it does indicate that you have read the evaluation and it has been discussed with you. If you wish, you may comment in space above. Use additional paper if necessary.</p> <p>Signature ➤ <span style="float: right;">Date:</span></p>
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**DEPARTMENT HEAD'S (or designee's) EVALUATION:**

- A. Do you concur with the supervisor's appraisal of the employee?  Yes  No
- B. If you do not concur, please attach a statement specifying the areas in which you disagree and why you disagree. Other comments pertinent to the evaluation may be provided as well.

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Department Head – Typed/Printed Name Department Head Signature Date

**PROGRAM MANAGER'S COMMENTS :**  
(Comments optional except if in disagreement, comments are required).

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Program Manager – Typed/Printed Name Program Manager Signature Date

**EMPLOYEE'S FINAL REVIEW AND COMMENTS :**

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Employee Signature

Date

**TO EMPLOYEE:**

**PLEASE RETURN ORIGINAL FORM TO YOUR IMMEDIATE SUPERVISOR FOR SUBMISSION TO HUMAN RESOURCES.**