

CSUEU Probationary Performance Review

Performance Review Period				
3 Month from:		mm/yy to		
6 Month from:		mm/yy to		
11 Month from:		mm/yy to		
Name:			Evaluator:	
Employee ID:			Review Period:	
Position Title:			Draft Date:	
Department:			Final Date:	
Reports To:				

Please use the following rating definitions to complete all sections of the performance review

Unacceptable (U)	Not Satisfactory (NS)	Satisfactory (S)	Above Satisfactory (AS)	Exceptional (E)
Unacceptable – Individual fails to meet job function and performance expectations. Immediate action is required. Note: Specific information regarding areas of concern must be noted.	Improvement needed – Individual meets some but not all job functions and performance expectations. Employee and performance expected. TTH 6C 2	Satisfactory (S)	Above Satisfactory (AS)	Exceptional (E)



Major Responsibility 2: Desc:

Comments:

Major Responsibility 3: Desc:

Comments:

Major Responsibility 4:

Comments:

(Continue to list all major responsibilities.)

Overall Major Responsibilities Rating: Enter U, NS , S, AS or E:

*This section does not automatically calculate. An average is not required or intended. Please assign an overall rating.

II. Competencies Review and Ratings

Please check those competencies that the employee demonstrates satisfactory performance or needs improvement. Please note comments and examples below.

Attendance/Punctuality

Authorized use of available vacation or sick leave would be rated satisfactory. Reports to work as scheduled, and returns to work in a timely manner from breaks and lunch periods.

U-Unacceptable, NS-Not Satisfactory, S-Satisfactory:

Communication Skills

Acts and behaves in a manner that reflects respect, courtesy and civility, trust, inclusion and consultation. Establishes and maintains effective work relationships; offers assistance and support to co-workers. Understands lines of reporting, responsibility, and accountability. Demonstrates sensitivity to and awareness of differences in people of diverse backgrounds.

U-Unacceptable, NS-Not Satisfactory, S-Satisfactory, AS-Above Satisfactory or E-Exceptional:

Quality of Work

Demonstrates accuracy and thoroughness; displays commitment to excellence, looks for ways to improve and promote quality; applies feedback to improve performance; monitors own work to ensure quality. The employee follows through on assignments and completes them on time. Considers how the work compares to quality



Other Accomplishments in Review Cycle

Describe achievements in other areas. For example course completion, awards, committees served, and other recognition received.

Other Accomplishments
1
2
3
4

Overall Objectives Rating: Enter U, NS, S, AS or E:

*This section does not automatically calculate. An average is not required or intended. Please assign an overall rating.

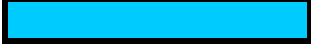



IV. Future Planning

Describe future objectives for the next review cycle and identify the action plan to achieve the stated objectives.

Future Objectives	

V. Performance Review Summary

Unacceptable U Not Satisfactory NS Satisfactory S Above Satisfactory AS Exceptional E

	Score	Weighted
Overall Rating of Job Responsibilities:		40%
Overall Rating for Competencies:		20%
Overall Rating for Objectives:		40%
Probationary Performance Rating:		100%

Note: If there is an overall rating below satisfactory, please provide specific information regarding areas of concern.

Areas of Concern

VI. Signatures

Performance Discussion

a. Date on which draft evaluation is given to employee for input and discussion:

Evaluator's Initial _____ Date _____

Employee's Initial _____ Date _____

b. Date on which final evaluation is provided and discussed:

Evaluator's Initial _____ Date _____

Employee's Initial _____ Date _____

Authorizing Signatures

Evaluated by: _____
Evaluator's Signature _____ Date _____

Evaluator's Name _____ Title _____

Employee Acknowledgement

I have read this document and I understand that my signature
does not necessarily indicate agreement.

Employee's Initial _____

Indicate whether or not you have attached comments.

Please select Yes or No

Employee's Signature _____
