

## INSTRUCTIONS FOR COMPLETION

**USE:** The Report of Employee Performance form (OHRS 30-11) is to be used for the evaluation of support staff employees except Unit 4, Academic Support, which uses OHRS 20-49. Evaluations are conducted during the employee's probationary period and annually thereafter. The evaluator may wish to evaluate an employee more often than the prescribed intervals. When doing so, mark the box labeled Special. If space is inadequate, the evaluator may attach extra sheets containing comments, or Page 3 of this document provides additional space.

**Section A:** Check one column for each factor. When a factor is not considered applicable to a particular job or when the evaluator has not been able to observe the behavior, the category may be recorded as Not Applicable (NA). If you want to add additional factors, please do so on an extra sheet containing comments, or Page 3 of this document provides additional space. Check marks in Columns "1" and "2" require specific explanation in Section D. Record the overall performance in the section entitled Overall Evaluation, taking into account all factors and total performance over the period being evaluated. The Overall Evaluation should not be viewed as an average of all areas rated. The value applied to a factor may vary depending on the duties assigned to the position.

Satisfactory: Meets all normal requirements of the position in a competent manner. (Normally, this is the category most often used to describe acceptable performance.)

Exceeds Expectations: Consistently competent performance exceeding normal standards in all critical factors for the position.

Outstanding: Total performance is far above normal standards for the position. (Normally, this is the category most infrequently used to describe performance.)

Below Expectations: Total performance periodically or regularly falls short of expectations. Specific deficiencies should be noted in Section D or in a signed and dated attachment.

Unacceptable Performance: Performance is clearly inadequate. Employee has demonstrated an inability or unwillingness to improve or meet expectations. Performance is not acceptable for position held. Specific deficiencies should be noted either in Section D or in a signed and dated attachment.

**Section B:** Describe outstanding qualities. Provide examples for check marks in Columns "4" and "5." (Attach additional sheets if necessary.)

**Section C:** Discuss progress or lack thereof toward achievement of goals during last rating period.

**Section D:** Discuss required improvement or correction. Provide examples for check marks in Columns "1" and "2." (Attach additional sheets if necessary.)

**Section E:** Record agreed-upon or prescribed performance goals for the next evaluation period.

**Section F:** Complete this section only if the employee is on probation. At any time during the probationary period, an employee may be rejected from further employment or, if permanent in another class, returned to that class. If the evaluator wishes to recommend rejection during probation, the evaluator must immediately notify the Director of Employee Relations in the Office of Human Resource Services, extension 6566. Consultation will be provided at that time.

### RECOMMENDATIONS FOR COMPLETING THE EVALUATION PROCESS:

1. The Appropriate Administrator may request a draft from a designated evaluator regarding the employee's job performance. Only the Appropriate Administrator shall submit a draft evaluation for the employee's review, input, and discussion. Prior to meeting with the employee to discuss the draft Report, the Appropriate Administrator may request the employee complete a voluntary self-evaluation, which will also be discussed during the performance evaluation interview. Employees in Units 2,5,7,9, & 6 shall be given up to 10 work days to review a draft evaluation and provide input. The Appropriate Administrator shall consider the input in preparing the final evaluation.
2. Provide the employee with a draft copy of the Report of Employee Performance prior to a performance evaluation meeting. During the interview, the Appropriate Administrator should encourage the employee to discuss his/her opinions and observations regarding the content of the evaluation.
3. Upon completion of the evaluation meeting, the Report of Employee Performance is completed in final form and signed by the Appropriate Administrator (evaluator). The Report is then given to the employee for signature. The employee may include comments on the form or may attach written comments, if desired, and return the Report to the Appropriate Administrator. If the employee refuses or declines to sign the Report, the Appropriate Administrator must indicate this under EMPLOYEE'S ACKNOWLEDGEMENT. If the employee disagrees with the final performance evaluation, the employee may also subsequently submit a rebuttal statement that will be attached to the final performance evaluation in the employee personnel file. Upon request of the employee, a meeting between the employee, Appropriate Administrator, and the employee's representative, shall meet to discuss the final evaluation. The meeting is to take place within 7 work days of the request at a mutually agreeable time and location. This request shall not prevent the Appropriate Administrator from placing the final performance evaluation in the personnel file.
4. The Report of Employee Performance is forwarded to the reviewing officer for signature. The reviewing officer is an Administrator to whom the Administrator reports to unless the college or department has designated another Administrator to act as reviewing officer.
5. The completed Report of Employee Performance and any attachments must be copied and distributed by the evaluator as follows: **SCANNED COPY**-to [er@csun.edu](mailto:er@csun.edu); **COPY**-to the employee being evaluated; **ORIGINAL**-to the department.

<b>REPORT OF EMPLOYEE PERFORMANCE</b>	<div style="display: inline-block; font-size: 8px; vertical-align: middle; margin-left: 5px;">                 CALIFORNIA STATE UNIVERSITY NORTHBRIDGE             </div>
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NAME	CSUN ID	DEPARTMENT	CLASSIFICATION
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FROM: _____	TO: _____
RATING PERIOD	

Type of Evaluation:  ANNUAL  TEMPORARY  
 PROBATIONARY  SPECIAL

<b>SECTION A</b> 1 = UNACCEPTABLE 2 = BELOW EXPECTATIONS 3 = SATISFACTORY 4 = EXCEEDS EXPECTATIONS 5 = OUTSTANDING						<b>SECTION B</b> Record <b>JOB STRENGTHS</b> & superior performance. (See Page 3 for more space, if necessary.)					
1	2	3	4	5		<b>SECTION C</b> Record <b>PROGRESS ACHIEVED</b> in attaining goals established during previous rating period.					
					Observance of Work Hours						
					Attendance						
					Appropriate Attire and Grooming						
					Safety Practices						
					Operation and Care of Equipment						
					Organization of Work Station	<b>SECTION D</b> Record specific <b>REQUIRED IMPROVEMENT</b> or <b>CORRECTION</b> needed in performance or behavior.					
					Job Knowledge						
					Job Skills						
					Attitude						
					Volume of Acceptable Work						
					Quality of Work						
					Planning and Organization	<b>SECTION E</b> Record <b>GOALS</b> or <b>IMPROVEMENT PROGRAMS</b> established for next performance period.					
					Judgment and Decisions						
					Meets Deadlines						
					Accepts Responsibility						
					Accepts Direction						
					Oral Communication						
					Written Communication	<b>SECTION F</b> For <b>PROBATIONARY EMPLOYEES:</b> 1 year probationary <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> month 2 year probationary <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> 18 <sup>th</sup> <input type="checkbox"/> 22 <sup>nd</sup> month <input type="checkbox"/> <b>Permanent Status Recommended</b> (To be determined in conjunction with final probationary evaluation.) <input type="checkbox"/> <b>Permanent Status Not Recommended</b> (To be determined not later than the final probationary evaluation in accordance with the INSTRUCTIONS FOR COMPLETION on Page 1.)					
<b>FOR EMPLOYEES WHO SUPERVISE OTHERS</b>											
					Affirmative Action/Equal Opportunity Efforts						
					Budget Management						
					Evaluating Subordinates						
					Leadership						
					Productivity of Work Unit	<b>EVALUATOR</b> (Type Name)  <b>(Signature)</b> <b>(Title)</b> <b>(Date)</b>					
					Scheduling and Coordination	<b>REVIEWING OFFICER</b> (Type Name)  <b>(Signature)</b> <b>(Title)</b> <b>(Date)</b>					
					Supervisory Control	<b>EMPLOYEE ACKNOWLEDGEMENT:</b> This report has been discussed with me. I understand my signature does not necessarily indicate agreement. (Attach additional sheets if necessary to record comments.)					
					Training and Instruction	<b>COMMENTS:</b>					
					<b>OVERALL EVALUATION</b> Record Overall Performance	SIGNATURE: _____ DATE: _____					

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FROM:		TO:	
RATING PERIOD			

Type of Evaluation:

	ANNUAL
	PROBATIONARY

	TEMPORARY
	SPECIAL

**SECTION B (continued)** Record **JOB STRENGTHS** & superior performance.

**SECTION C (continued)** Record **PROGRESS ACHIEVED** in attaining goals established during previous rating period.

**SECTION D (continued)** Record specific **REQUIRED IMPROVEMENT** or **CORRECTION** needed in performance or behavior.

**SECTION E (continued)** Record **GOALS** or **IMPROVEMENT PROGRAMS** established for next performance period.

**COMMENTS (continued)**