Clear Form

SJSU | PEOPLE AND CULTURE

CSUEU PROBATIONARY PERFORMANCE REVIEW

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 must improve performance. **Note: Specific information regarding areas of concern must be noted.**	Satisfactory – Individual **meets** the job functions and performance expectations.	A Strength – Individual **meets all and exceeds some** job functions and performance expectations.	**Special Recognition** – Performance demonstrates an ongoing contribution that is innovative, above and beyond what is expected and/or addresses an issue that impacts the unit, department, division, or University levels.

I. Major Responsibilities and Expectations

To complete this section, please refer to the current position description. List **each major responsibility,** provide examples, comments, and rate how the employee met expectations established in the position description.

Major Responsibility 1:	**Desc:**	

Comments:

Major Responsibility 2: **Desc:**

Comments:

Major Responsibility 3: **Desc:**

Comments:

Major Responsibility 4: **Lead Work Assignment (If Applicable)**

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 performance standards and position objectives.

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

Meets Changing Demands

Demonstrates a willingness to adapt to changing conditions in the work environment, including willingness to utilize new procedures, adapt to new technology, ability to work with changing workforce demographics, assists in implementing change-related activities and stays current in their field.

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

Customer Service Skills

Provides consistent high-quality service using tact and courtesy during interactions with all customers (students, faculty, staff, public, and/or outside agencies). Is resourceful and timely in responding to customer's requests and questions. Note: Consider pattern or customer feedback.

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

Teamwork

Balances individual and unit responsibilities; gives and welcomes feedback; contributes to building effective interpersonal relationships; fosters cooperation and cohesion, participates in decision-making process and works well as a member of a diverse team. Willing to take on new projects and methods, support organizational goals, and demonstrates flexibility in response to changing circumstances impacting the team. Offers assistance and support to coworkers.

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

Safety

Identifies, corrects, and/or reports potentially hazardous or unsafe working conditions. Mitigates risk where appropriate through knowledge of policies and procedures. Works in a manner that promotes a safe working environment for self and others.

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

Lead Work Assignment (if Applicable)

Demonstrates the ability to plan, organize, delegate, and follow up on workflow to meet unit's goals and objectives. Provides clear expectations and constructive feedback to subordinates on a consistent basis. Consistently treats subordinates fairly. Works with management in a productive and professional manner to achieve unit's objectives.

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

Overall Competency 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.

III. Major Objectives

Objectives in Current Review Cycle

In this 3, 6 or 11 month probationary evaluation period, indicate where objectives were met, partially met, or unmet, and provide examples. Where they were not met please indicate plan of action in future planning section to ensure they are met.

Current Major Objectives		
Objective 1		
	Objective 1 was M (Met), P (Partially Met), N (Not Met):	-
Objective 2		
	Objective 2 was M (Met), P (Partially Met), N (Not Met):	-
Objective 3		
	Objective 3 was M (Met), P (Partially Met),N (Not Met):	-
Objective 4		
	Objective 4 was M (Met), P (Partially Met), N (Not Met):	-

Comments:	

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	Action Plan
1	1
2	2
3	3
4	4

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 — Date

_____

Employee's Name — Title

Academic Division:
MPP or Department Chair
(If different from evaluator) _____

Signature — Date

Dean: _____

Signature — Date

Provost: _____

Signature — Date

All Other Divisions:
Department Level MPP or AVP _____

Signature — Date

VP: _____

Signature — Date