

RATER – Before marking this report, read your “Guide to Performance Evaluation” and the instructions on page 2.

SAN DIEGO STATE UNIVERSITY FOUNDATION
An EEO/AA Employer, Following Title IX Guidelines

REPORT OF PERFORMANCE

NAME _____ Red ID _____ POSITION _____ TKL _____ DIV/DEPT _____

From _____ -- _____ Please Complete and Return to Foundation Human Resources
(REPORTING PERIOD) ORIGINAL HIRE DATE ADMIN

a	b	c	d	e	SECTION A	f
Not Satisfactory	MARGINAL	GOOD	SUPERIOR	OUTSTANDING	Immediate Supervisor Must Check Each Appropriate Factor in the Proper Column	NOT RATED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Observance of Work Hours	SECTION B Record job STRENGTHS & superior performance incidents.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Attendance	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Grooming & Dress	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Safety Practices	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Public Contact	SECTION C Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Employee Contacts	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Communication	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Knowledge of Work	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Work Judgments	SECTION D What improvements would most significantly increase current performance? Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken during the next evaluation period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Planning and Organizing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Job Skill Level	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Quality of Work	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Volume of Acceptable Work	SECTION E Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance, for personal, or job qualifications.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Meeting Deadlines	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Accepts Responsibility	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Accepts Direction	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Accepts Change	SECTION F <input type="checkbox"/> This employee is eligible for a merit increase on their review date. Do you recommend such an increase? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: <input type="checkbox"/> Department is on a merit freeze. <input type="checkbox"/> At top of salary range for current classification. <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Effectiveness Under Stress	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Appearance of Work Station	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Operation & Care of Equip.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Work Coordination	SECTION G Do you feel this person is properly classified? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Initiative	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Learning Ability	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25.	RATER: I certify this report represents my best judgment based on review of this employee's performance and job description
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. General Summary Evaluation	FOR EMPLOYEES who SUPERVISE OTHERS DEPARTMENT HEAD <input type="checkbox"/> I agree <input type="checkbox"/> I disagree (Signature) _____ (Date) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Planning & Organizing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Scheduling & Coordinating	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Training & Instructing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Productivity	EMPLOYEE: I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement. I know that I may request an additional evaluation at any time, not to exceed four (4) total evaluations per year. I have received a copy of this evaluation, and understand I may respond to it in writing, and that this response in letter form will be placed in my personnel file. _____ Employee's Signature Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Evaluating Subordinates	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Judgments & Decisions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Leadership	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Operational Economy	PROCESSED ON SM _____ BY _____ NEW MERIT DATE: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Supervisory Control	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Equal Opportunity Effort	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41.	SUMMARY EVALUATION Supervisory Performance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

INSTRUCTIONS FOR USE OF THE REPORT OF PERFORMANCE FORM

When evaluating performance, the employee's job description must be reviewed by both the supervisor and employee. An updated job description should accompany this report.

GENERAL:

1. After marking lightly with pencil each factor in Section A, the rater should review the report with his/her own supervisor or department head, if any. Markings and comments should then be typed or inked in. All signatures should be in ink. Changes and corrections must be initialed by the employee and the rater.
2. If space for comments is inadequate, similarly dated and signed attachments may be made (either typewritten or in ink).
3. Due dates must be observed and are particularly important for merit increase reporting.
4. Unscheduled reports may be filed at any time for any employee.
5. The "Guide to Performance Evaluation of Classified Employees" should be consulted for suggestions, definitions, interpretations, and further instructions.

SECTION A: Check one column for each factor. Column "f" may be checked when a factor is not considered applicable to a particular job or when the supervisor has not been able to observe the behavior. Additional spaces have been provided to write any additional factors. Each check mark in Columns "a" and "b" requires specific explanation in Section C.

SUMMARY EVALUATION: Check the overall performance here, taking into account all factors and total performance over the full period of service being evaluated.

Outstanding: Total performance is far above normal standards for the position. Employee is making a superior contribution to the Foundation. Contributes significantly to the Department's success – a pioneer. May make recommendations that markedly improve prior practices and/or methods or develops new approaches.

Superior: Consistently competent performance exceeding standards in all critical factors for the position. A solid professional that knows his/her job well and has all skills required of the position. Contributes consistently to the department's success. May make recommendations for improving the manner in which the job(s) may be done better, faster, and/or easier.

Good: Meets the requirements of his/her position in a competent manner. Occasionally exceeds and consistently meets expected performance for classification and level of pay. The effective application of skills and knowledge has been demonstrated in achieving desired results, which may include some improved methods and/or procedures. Clearly meets position requirements. Requires normal routine supervision. Meets expectations; gets the job done by achieving all major objectives and job requirements.

Marginal: Total performance periodically or regularly falls short of normal standards. Overall results are inconsistent and improvement is needed in the application of necessary skill and job knowledge. Meets minimum position requirements, needs improvement, requires more than routine supervision. Results fall short of some job requirements while meeting others.

Not Satisfactory: Performance clearly inadequate in one or more critical factors as explained or documented in the performance review. Lacks skill or knowledge to perform necessary job requirements. Clearly falls below minimum position requirements, excessive supervision required.

SECTION B: May be used to describe outstanding qualities or performance, particularly when check marks in Columns "d" and "e" do not seem particularly descriptive.

SECTION C: Give specific reasons for check marks in Columns "a." Explanations of check marks in Column "b" are optional. Record here any other specific reasons why the employee should not be recommended for continued employment.

SECTION D: Record agreed-upon or prescribed performance goals for the next evaluation period. This may include suggestions for in-service training.

SECTION E: Use to record progress or improvements in performance resulting from employee's efforts to reach previously set goals. Also record any in-service training received or additional job related course work undertaken during this rating period.

SECTION G: Employees should not be granted an Annual Merit Increase for less than meritorious service. No merit increase will be granted without a completed, signed performance evaluation report recommending it. If the recommendation is negative, full substantiation of the recommendation must be provided.

SIGNATURES:

Both the rater and the employee must date and sign the report. The employee's signature indicates that the conference has been held and that he/she has had an opportunity to read and discuss the report. The Department Head should also indicate whether or not this evaluation reflects his/her opinion of the employee's performance.