

UEC at CSUSB – Student Employee Performance Review

Employee Information

Employee Name: _____ Evaluator Name: _____
 Department: _____ Date: _____
 Review Period: _____ to _____

Rating Definitions

1 – Outstanding – Performance and quality of work **far exceeds** the job requirements and expectations; considered exceptional among peers. (Documentation to support this superior rating is required in Comments section.)
 2 – Exceeds – Performance consistently meets job requirements and **occasionally exceeds** expectations.
 3 – Meets – Performance **meets** job requirements and expectations.
 4 – Needs Improvement – Performance is **below** job requirements and expectations. (A performance improvement plan is required.)
 5 – Unsatisfactory – Performance does not meet requirements in this area and is **consistently below** expectations. (Documentation to support this rating, and a performance improvement plan, is required.)

Part I - Complete for all Student Employees

Categories	1-Outstanding	2-Exceeds	3-Meets	4-Needs Improvement	5-Unsatisfactory
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Customer Service/People Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Follows Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Job Skill Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Observes Safety Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Work Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					

Overall Rating (average the rating numbers above): _____

Part II – Complete for Student Employees with Supervisory Responsibilities (in addition to Part I)

Categories	1-Outstanding	2-Exceeds	3-Meets	4-Needs Improvement	5-Unsatisfactory
Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Judgment/Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Leadership/Supervisory Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Planning/Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Staff Scheduling/Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
Training/Coaching Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					

Overall Rating (average the rating numbers above):

Part III –Areas of Strength, Development, and Goals

Areas of Strength (list key contributions, achievements, strengths, and progress toward performance standards):

Areas of Development (list performance areas requiring immediate correction, improvement, or potential development):

Goals:

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Employee Signature

Date

Evaluator's Signature

Date

Signature of Evaluator's Supervisor

Date