

To use this form **all** of the **following conditions must be met**:

- Employee has completed three years in the same position with the same supervisor for all three years
- A comprehensive performance appraisal form must have been completed within the last two years:
 - The overall performance appraisal rating must have remained the same (“satisfactory” or higher)
 - No individual performance factor (e.g., position expertise) was rated less than satisfactory.

EMPLOYEE INFORMATION

Name: _____ **Title:** _____

Dept.: _____ **UC Hire Date:** _____

Time in position: _____ *Years* _____ *Months* **Evaluation Period:** *From* _____ *Through* _____

SUPERVISOR INFORMATION

Name: _____ **Supervised employee for:** _____ *Years* _____ *Months*

POSITION DESCRIPTION/GOALS AND EXPECTATIONS

List below the essential functions of the position or attach the position description.

RATING SCALE

Exceptional (E) Performance exceeds expectations in all areas of responsibility. Remarkable achievement and pacesetting performance.

More Than Satisfactory (MS) Performance exceeds expectations.

Satisfactory (S) Performance meets expectations.

Using the rating scale, please complete the following.

1. The overall performance rating on the most recent comprehensive performance appraisal was: _____.

2. The date of the most recent comprehensive performance appraisal was: _____.

3. The current overall performance rating continues to be: _____.

CAMPUSWIDE PERFORMANCE STANDARDS

The *Campuswide Performance Standards* (CPS) include: UCR Principles of Community, UC Ethical Values and Standards of Ethical Conduct, Diversity, Health & Safety, and Service Orientation Please review the CPS for a detailed description of each standard. Unsatisfactory performance in any area must be addressed.

Satisfactory performance has been demonstrated in all UCR campuswide performance standards.

Satisfactory performance has **not** been demonstrated in all UCR campuswide performance standards.

Campuswide Performance Standard Comments:

COMMENTS

ACTION PLANS/TRAINING AND DEVELOPMENT GOALS

List performance objectives, specific projects, or training and development plans for the next review period. Describe other plans/actions dictated by the appraisal.

EMPLOYEE COMMENTS/RESPONSES

Optional. If employee wishes to do so, any comments concerning the appraisal may be indicated in this section.

EMPLOYEE SIGNATURE

Employee

I have read and discussed this appraisal with my supervisor and I understand its contents. My signature means that I have been advised of my performance status and does not necessarily imply that I agree or disagree with either the appraisal or the contents.

Signature: _____ Date: _____

DEPARTMENT SIGNATURES

Supervisor

Signature: _____ Date: _____

Department Head

Signature: _____ Date: _____