

CSCU System Office Management / Confidential Annual Performance Appraisal

EMPLOYEE NAME							JOB TITLE					
DEPARTMENT							PERIOD COVERED	FROM	ТО			
FACTORS	_	Good or Better			Good		FINITION OF RATINGS					
Evaluate the employee on the job being performed based on the representation of the rating category which most nearly describes your judgment for each of the job factory.	now ort ory overall rs	X C E L L	S S S A A P T I R S S I F O A R C T O R Y	I R	U N S A T I S F A C T O R	SUI SAT FAI UN	PERIOR = Defi FISFACTORY IR = Need for it SATISFACTO TE: Written exp	istinctly and consisten nitely above the norm = Meets basic require mprovement. RY = Definitely inade planations are require are recommended for r	nents quate. d for ratings	of "Less than Good"	",	
QUALITY OF WORK: Thoroughness, accuracy and apper of work, regardless of volume	arance						PLANATION GGESTIONS FOR	R IMPROVEMENT				
QUANTITY OF WORK: The amount of work produced uncommal conditions, disregarding er and giving full consideration to contributions in all official areas.							PLANATION GGESTIONS FOR	R IMPROVEMENT				
DEPENDABILITY: The ability to do assigned tasks on schedule under normal circumstances with a minimum of supervision. Unauthorized absence should be considered as it affects dependability.							PLANATION	R IMPROVEMENT				
								X IMPROVEMENT				
ABILITY TO DEAL WITH PEOPLE: Relationships with staff and the public; cooperativeness.							PLANATION GGESTIONS FOR	R IMPROVEMENT				
SUPERVISORY ABILITY: (if applicable) The ability to delegate authority and accomplish assigned tasks through subordinates.							PLANATION GGESTIONS FOR	R IMPROVEMENT				
RATED BY:	SIGNATURI	SIGNATURE					TITLE	DATE				
REVIEWED BY:	SIGNATURE						TITLE	DATE				
EMPLOYEE:	SIGNATURE						TITLE		DATE			

NOTE TO EMPLOYEE:

Your signature confirms that you have seen this report and discussed it with your supervisor. It does not indicate your agreement with or approval of the rating. The supervisor must give the employee a copy of the rating at the time the employee signs it. Should any subsequent change be made, all copies must be revised, and the change must be initialed by the employee