University of California, Davis

EMPLOYEE PERFORMANCE APPRAISAL REPORT

This form is used to evaluate the performance of staff employees.

Period covered (month/day/year): from _________ to _________

Employee Name  Employee Number

Title code and payroll title  Percent appointment

Personnel program or bargaining unit  Department

Working title (optional)  Length of time in this position

Supervisor name  Yes __  No __ (months: __________) Supervised for entire review period?

JOB-RELATED PERFORMANCE: Describe performance during the review period. The evaluation must be based on clearly-defined job functions or performance expectations. The rating in the Supervisor’s Recommendation must be supported by the narrative. Use additional sheets if needed.

SUPERVISOR’S RECOMMENDATION:

I rate __________________’s performance for this review period as:

____ Meets or Exceeds Expectations
____ Does Not Meet Expectations (clarify in the narrative)
**SUPervisors and MANagers:** Each supervisor and manager must be evaluated on supervisory performance, support of the Principles of Community (including equal employment opportunity and affirmative action performance), and the safety record of the unit supervised.

**Future GOals or performance expectations:**

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<thead>
<tr>
<th>SIGNATURES</th>
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<tr>
<td>Employee: I have read and received a copy of this evaluation.</td>
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<tr>
<td>Supervisor: This is my evaluation of the employee's performance during the review period.</td>
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<tr>
<td>Department Head: I concur with this evaluation.</td>
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| DEPARTMENT HEAD COMMENTS: (optional) |

| EMPLOYEE COMMENTS: (optional) |    |
University of California, Davis
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EMPLOYEE SUMMARY OF ACCOMPLISHMENTS

Period covered (month/day/year): from _________ to _________

Employee Name ___________________________ Department ___________________________

This provides an opportunity to reflect upon actual work and ensure good communication between employee and supervisor. Use of this form is optional, but may be required by a dean, vice chancellor, or department. Use this form (with additional sheets if needed) to describe:

1. accomplishments related to each job function
2. accomplishments related to established goals and/or performance expectations
3. future goals and/or performance expectations
4. training and development needs, if any
5. support of the Principles of Community (including equal employment opportunity and affirmative action performance and job-related commitment to good interpersonal relations).

Employee Signature ___________________________ Date __________