

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)

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\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
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**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:**

<b>SIGNATURES</b>	
Employee: I have read and received a copy of this evaluation.	Date
Supervisor: This is my evaluation of the employee's performance during the review period.	Date
Department Head: I concur with this evaluation.	Date

**DEPARTMENT HEAD COMMENTS:** (optional)

**EMPLOYEE COMMENTS:** (optional)

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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