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**Management Personnel Plan (MPP) – Performance Evaluation Form**

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| **EMPLOYEE INFORMATION** |

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| **Employee Name:** |       | **Employee ID:** |       |
| **Administrator Grade Level:** | [ ]  I [ ]  II [ ]  III [ ]  IV | **Working Title:** |       |
| **Admin Unit/College:** |       | **Number of direct reports:** |       |
| **Date of Last Evaluation:** |       |
| *Use Date Format:* | *M/D/YYYY* |

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| **Evaluation Period for this Performance Evaluation:** | **Begin Date:** |       | **End Date:** |       |
|  |  | *M/D/YYYY* |  | *M/D/YYYY* |
| **[ ]**  | **Initial 6 months** | **[ ]**  | **Initial 12 months** | **[ ]**  | **Annual** |
| ***NOTE: MPP evaluation is required after initial six (6) months of service, then again after 12 months of service, then annually thereafter (September 1 thru August 31).*** |

**MPP Evaluation**

* CSU Trustee Policy requires that each campus “develop an evaluation plan outlining criteria and procedures for consideration of individual salary adjustments.”
* "MPP employees shall be evaluated after six months and one year of service, and subsequently at one year intervals" ([MPP 42722](http://www.calstate.edu/HRAdm/Policies/mppsummary.shtml#Evaluation)). This performance appraisal instrument is intended to meet that requirement.
* Upon completion, the entire performance appraisal shall be placed in the individual's personnel file.

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| **SECTION I: SUMMARY OF PERFORMANCE, ACCOMPLISHMENTS, AND/OR RECOMMENDATIONS** |

*Provide a narrative below that describes the employee’s performance during this evaluation period. Include goals achieved (if not achieved, explain why), accomplishments, and specific examples of performance. Narrative may include employee’s performance on topics such as: leadership skills, communication, quantity/quality of work, interpersonal skills, professionalism, job knowledge, collaboration, etc. Recommendations on items such as professional development and best practices may also be included here.*

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| **Narrative of Performance for this Evaluation Period:** |
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| **SECTION II: GOALS** |

***PREVIOUS GOALS****: Identify previous year’s goals and indicate whether or not the goals were met or not met by the employee. Provide contextual information relating to previous year’s goals, evaluate the employee’s performance and progress toward each goal, and explain how each goal was met/not met.*

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| **Previous Goal 1:**  |       | [ ]  Met [ ]  Not Met [ ]  In Progress [ ]  N/A |
| **Narrative:** *box will expand*      |
| **Previous Goal 2:**  |       | [ ]  Met [ ]  Not Met [ ]  In Progress [ ]  N/A |
| **Narrative:** *box will expand*      |
| **Previous Goal 3:**  |       | [ ]  Met [ ]  Not Met [ ]  In Progress [ ]  N/A |
| **Narrative:** *box will expand*      |
| **Previous Goal 4:**  |       | [ ]  Met [ ]  Not Met [ ]  In Progress [ ]  N/A |
| **Narrative:** *box will expand*      |

***FUTURE GOALS****: Identify up to four goals or performance objectives to be completed during the next review cycle prior to the next performance evaluation. Goals may include opportunities to address performance concerns, if any.*

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| **Future Goal 1:**  |       |
| **Narrative:** *box will expand*      |
| **Future Goal 2:**  |       |
| **Narrative:** *box will expand*      |
| **Future Goal 3:**  |       |
| **Narrative:** *box will expand*      |
| **Future Goal 4:**  |       |
| **Narrative:** *box will expand*      |

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| **SECTION III: OVERALL LEVEL OF PERFORMANCE** |

*Based upon the foregoing assessment and narrative, provide an evaluation of the MPP employee’s overall performance.*

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| **Overall Performance Rating:** |
| [ ]   **OUTSTANDING** - Performance that exceeds expectations and is consistently outstanding due to exceptionally high quality of work performed in all essential areas of responsibility, resulting in contributions with tremendous and positive impact to the department/university. May be unique, often one-time achievements that measurably improve progress toward organizational goals. Easily recognized as a top performer compared to peers. Employees at this level create breakthrough performance and significantly elevate workgroup effectiveness and work is performed in a manner that exemplifies university ethics, values, and behaviors. This rating is achievable, though given infrequently. |
| [ ]  **EXCEEDS EXPECTATIONS** - Performance that consistently fulfills the job requirements and exceeds expectations in all essential areas of responsibility, and the quality of work overall was excellent. Frequently exceeds or performs at and occasionally surpasses maximum level of proficiency or competence, quality and timeliness. Work is performed in a manner that exemplifies university ethics, values, and behaviors. |
| [ ]  **MEETS EXPECTATIONS** - Performance that consistently fulfills the job requirements in all essential areas of responsibility, at times possibly exceeding expectations, and the quality of work overall was very good. Work is performed in a manner that is sufficiently consistent with company ethics, values, and behaviors. The most critical annual goals were met. |
| [ ]  **NEEDS IMPROVEMENT** - Performance that does not consistently meet the job requirements – performance failed to meet expectations in one or more essential areas of responsibility, and/or one or more of the most critical goals were not met. Overall performance does not consistently meet established job responsibilities or goals within job level, or work is performed in a manner that is not consistent with university ethics, values, and behaviors  |
| [ ]  **UNSATISFACTORY** - Performance that consistently fails to meet the job requirements in most essential areas of responsibility, and/or reasonable progress toward critical goals was not made. Significant improvement is needed in one or more important areas. Overall performance does not meet established job responsibilities or goals within job level, or work is performed in a manner that is inconsistent with university ethics, values, and behaviors. |
| **Comments to support the Overall Performance Rating above:** |
|       |

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| **SECTION IV: EMPLOYEE RESPONSE/COMMENTS (if any) and SIGNATURE** |

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| **Employee Comments:** |
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*My signature certifies that this performance evaluation has been discussed with me. I understand that my signature does not necessarily indicate agreement with the appraisal.*

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| **Employee Signature:** |  |  | **Date:** |  |

*[ ]  I do not agree with the appraisal, and my reasons are indicated in the comments above and/or attached.*

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| **SECTION V: APPROPRIATE ADMINISTRATOR SIGNATURES** |

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| **Evaluator Name (type or print)** |  | **Evaluator Title (type or print)** |
|  |  |  |
| **Evaluator Signature** |  | **Date** |

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| **Immediate Manager, if any (type or print)** |  | **Immediate Manager Title (type or print)** |
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| **Immediate Manager Signature** |  | **Date** |
| [ ]  I agree [ ]  I do not agree |  |  |

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| **Provost, VP or President Name (type or print)** |  | **Provost, VP or President Title (type or print)** |
|  |  |  |
| **Provost, VP or President Signature** |  | **Date** |
| [ ]  I agree [ ]  I do not agree |  |  |