	•	STUDENT ASSISTANT PERFORMANCE						
(	UNIVERSITY			APP	RAIS	SAL		
		CALIFORNIA STATE UNIVERSITY, LOS ANGELES						
						sity Drive		
_		A.S.IRm 203 *Ph				032-8636 343-6420* www.calstatela.edu/asi		
7						343-5101* www.calstatela.edu/usu		
ASS	SOCIATED STUDENTS, INC.							
EV	ALUATION DATE: DATE	OF LAST APPRAISAL:						
E	MPLOYEE NAME:	TITLE:						
	DEPARTMENT: Associated Students, Inc.	EVALUATOR:						
	REVIEW: [ ] End Probation Period [ ] Ex	tended Probation P	eriod	[]6 Mo	onth Eva	aluation		
	STRUCTIONS: Carefully evaluate employee's work pe		o curren	t job red	quiremen	nts. Check ratings box to		
	<ul> <li>dicate the employee's performance. Check each characteri</li> <li>Needs Improvement; 2 - Meets Standards; 3 - Excee</li> </ul>		_	_				
	- Neeus Improvement, 2 - Meets Standards; 3 - Excee	น อเลกและแร	_	1	1			
	DEDEODMANCE, Work quality postrony date!! We	k quantity	1	2	3	4		
1	<b>PERFORMANCE:</b> Work quality, accuracy, detail; Wor productivity; Reliability, completes tasks on time; Autono independently.							
<b> </b>	COMMUNICATION/INTERPERSONAL SKILLS					1		
2	communication skills; Understands instructions easily; Re supervisor; Working relationship with others.							
3	<b>AVAILABILITY:</b> Overall attendance/punctuality recor Absenteeism; Observance of prescribed breaks; Time car							
4	POLICY ADHERENCE: Follows rules regarding safe regulations and policies; Personal appearance.					]		
5	JOB KNOWLEDGE: How well the employee under technical methods and procedures required to perf							
6	CUSTOMER SERVICE & HELPING/ADVISING: focus.approachability, courtesy, respect, welcoming awareness of resources, conflict and time manager	g, empathy,						
7	<b>PROFESSIONALISM:</b> punctuality, reliability, depermanagement, follows instructions, appropriate group							
8	<b>TEAMWORK &amp; COOPERATION:</b> Collaborative, re conscientious, adaptable, flexible, respectful, consc able to compromise.	•						
9	<b>INITIATIVE:</b> Leadership, taking initiative, identify service, makes referrals when appropriate, makes a to improve their job-related knowledge, skills and/or improve their job-related knowledge, skills and/or improve their job-related knowledge.	a conscious effort or capabilities.				]		
10	<b>PROJECT MANAGEMENT:</b> Prioritization, event de student-centred focus, awareness of on-campus se collaboration, strategic thinking, time management instructions.	ervices & support, , follows						
11	PROBLEM SOLVING & CRITICAL THINKING: solutions to problems, suggests appropriate ideas, interaction of all elements of a decision and unders they have on others, resourceful, appropriate reaso ideas/integrated thinking	assesses the stands the impact						
12	DIVERSITY & INCLUSION: Intercultural commu language, considerate and supportive to all demog					]		

	negotiation and facilitation, aware of bias, open-minded.						
13	<b>JOB KNOWLEDGE/SKILLS:</b> Possesses and applies knowledge required on job; Judgment and decision making skills; Initiative; Creativity.						
	Comments:						
	Discussed with individual on: / / Follow-up request Follow-up date:			_	-		
TI	Discussed with individual on: / / Follow-up request Follow-up date: his evaluation has been explained to me and I understand the contents not necessarily indicate my agreement with the	, , , , , , , , , , , , , , , , , , ,	nderstand			nature d	does
	Follow-up date:	I I s. I also un above eva	nderstand aluation.	d that		nature c	does
E	Follow-up date: his evaluation has been explained to me and I understand the contents not necessarily indicate my agreement with the	/ / s.   also un above eva _ Date:	nderstand aluation. I	d that		nature d	does
Ei E <sup>v</sup>	Follow-up date: his evaluation has been explained to me and I understand the contents not necessarily indicate my agreement with the mployee's Signature:	/ / s. I also ur above eva _ Date: _ Date:	nderstand aluation. / /	d that / /		nature c	does

STUDENT ASSISTANT PERFORMANCE APPRAISAL CALIFORNIA STATE UNIVERSITY, LOS ANGELES							
EVALUATION DATE:	0-Jan-00	DATE OF LAST APPRAISAL:	####				
EMPLOYEE NAME:	0	TITLE:	0				
DEPARTMENT:	Associated Students, In	EVALUATOR:	0				
Comments:							

Employee's Signature:	Date:	/	/	
Evaluator's Signature:	Date:	/	/	
A.S.I. Executive Director's Signature:	Date:	/	/	