

CYCU New Staff Work Performance Evaluation Form

YY/MM/DD

Name		Unit		Job Title	
Personnel ID:		On board		Self-evaluation	
[Brief of Functions]					
[Self-evaluation]					
Unit supervisor	Primary evaluation: (Subject to the staff's degree of adaptability in work, ability to coordinate and degree of mission achievement as the reference indicators)		Executive officer I	General comments:	
Office of Human Resource			Staff Evaluation Committee	____ ^{st/nd/rd/th} Staff Evaluation Committing Meeting on MM/DD/YY Review result <input type="checkbox"/> Approve renewal of the employment <input type="checkbox"/> Reject renewal of the employment Convener:	
Principal					

Remark: The employment of new staff may be renewed only if the new staff members complete the Form in the first two (2) years for the initial period and upon approval of the Form by Staff Evaluation Committee via the Office of Human Resource.