# PROBATIONARY PERFORMANCE EVALUATION

**Classified and Bargaining Staff Employees**

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| --- | --- | --- | --- |
| **Employee ID:** | **Name (Last, First, MI):** | | |
| **Department:** | **Title:** | | |
| **Hire Date:** |  | | |
| **Probationary Period:** | **Check One:** **60 Day** **120 Day** **365 Day** | | |
| **Check the rating for each category below:** | Unsatisfactory | Needs Improvement | Meets Requirements |
| 1. QUALITY OF WORK   (accuracy, neatness, thoroughness) |  |  |  |
| 1. QUANTITY OF WORK   (volume, amount, speed) |  |  |  |
| 1. KNOWLEDGE OF WORK |  |  |  |
| 1. PROBLEM SOLVING/ INITIATIVE |  |  |  |
| 1. COMMUNICATION SKILLS   (reports, memos, self-expression) |  |  |  |
| 1. DEPENDABILITY   (reliability, attendance/punctuality) |  |  |  |
| 1. COOPERATION   (working with others internally/externally) |  |  |  |

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| --- |
| To be Completed by Employee |
| EMPLOYEE ACKNOWLEDGEMENT: I understand that signing this form indicates that the form has been reviewed with me and I have received a copy of the completed form. My signature does not necessarily indicate that I agree with this evaluation. |
|  |
|  |
| Signature Date |

|  |  |  |
| --- | --- | --- |
| To be Completed by Supervisor | | |
| Supervisor Name: | | Supervisor ID: |
| Indicate the action to be taken regarding this employee.  RETAIN  TERMINATE | | |
| Comments: | | |
|  | | |
|  | | |
|  | | |
| Signature Date | | |
| **Next Level Supervisor’s Comments/Signature** | | |
| Supervisor Name: | | Supervisor ID: |
|  | | |
|  | | |
| Signature Date | | |
| **Send ORIGINAL FORM to Labor & Employee Relations +4733** | Reviewed by HR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_ | |