# PROBATIONARY PERFORMANCE EVALUATION

**Classified and Bargaining Staff Employees**

|  |  |
| --- | --- |
| **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) | [ ]  | [ ]  | [ ]  |

|  |
| --- |
| 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 \_\_\_\_\_\_\_ |