

**PROBATIONARY & BELOW STANDARDS PERFORMANCE EVALUATION**

**INSTRUCTIONS:**

*This form is to be used by the direct supervisor for either a probationary* or *a non-probationary employee who is performing below Meets Standards. This form should be completed towards the end of the probationary period or when a non-probationary employee falls below Meets Standards.*

Employee’s Name:       Empl ID:

Job Classification:

Supervisor’s Name:       Dept:

Date employed in this classification: Click here to enter a date.

***Place an X in one of the following boxes:***

[ ]  Mid-way Probationary Period [ ] End of Probation Period [ ] Non-Probationary

 Place an X for each area being evaluated.

|  |  |  |  |
| --- | --- | --- | --- |
| **Area Evaluated** | **Satisfactory** | **Needs Improvement** | **Unacceptable** |
| **Quantity of Work (Productivity)**The extent to which the employee accomplishes assigned work. | [ ]  | [ ]  | [ ]  |
| **Quality of Work**Work is well executed, thorough, effective, & accurate. | [ ]  | [ ]  | [ ]  |
| **Knowledge of Job**Knows & demonstrates how & why to do all phases of assigned work. | [ ]  | [ ]  | [ ]  |
| **Response to Supervision**Responds appropriately to supervisory directions & comments. Seeks counsel from supervisor on ways to improve performance. | [ ]  | [ ]  | [ ]  |
| **Cooperation with Others**Employee’s tact, courtesy, and effectiveness in dealing with co-workers & others.  | [ ]  | [ ]  | [ ]  |
| **Attendance & Reliability**Arrives to work on time, almost never absent.  | [ ]  | [ ]  | [ ]  |
| **Initiative & Creativity**Self-directed, resourceful & creative in meeting job objectives. Consider how well the employee follows through on assignments & develops new ideas, methods or procedures to effectively meet changing circumstances.  | [ ]  | [ ]  | [ ]  |

**PROBATIONARY & BELOW STANDARDS PERFORMANCE EVALUATION (continued)**

1. **Overall Performance Rating:** *(place an X in one of the following boxes)*

[ ] Satisfactory [ ] Needs Improvement [ ] Unacceptable

1. **Are any modifications to the employee’s job description required?** Choose an item.

**If yes, please attach supporting documentation.**

1. **Have any training needs been established?** Choose an item.

**If yes, please attach supporting documentation.**

**Comments:**

**Recommended Action:** *(place an X in one of the following boxes)*

[ ]  I recommend this employee has successfully passed the probationary period.

[ ]  I recommend this employee’s probationary period be extended.

[ ]  I recommend this probationary employee be terminated before the end of the probationary period.

[ ]  Evaluation is for a non-probationary employee due to performance that is considered at a level which fails to meets standards.

[ ]  Mid-way probationary evaluation

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Evaluator (Supervisor) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Department Head’s Signature Date

The employee’s signature indicates only that the evaluation has been discussed with me by my supervisor and I have received a copy of the evaluation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

*\* Please forward the original to the Human Resources Office.*