THE UNIVERSITY OF TEXAS AT AUSTIN

PROBATIONARY EVALUATION FORM

Check One: ( ) 60-Day Review Form

( ) 90-Day Review Form

( ) 120-Day Review Form

EMPLOYEE'S NAME:_____ TITLE: _____

DEPARTMENT: _____ DIVISION OR COLLEGE: _____

APPRAISED BY: _____ DATE OF APPRAISAL:_____

(Employee's Supervisor)

REVIEWED BY: _____ DATE OF REVIEW: _____

The above named employee will complete his/her first 180 days of employment on _____

(DATE)

To assist in determining the suitability of the probationary employee continuing employment in his/her present job, the supervisor will complete this form as a review of work performance and conduct.

Check appropriate box:

1. Employee is making satisfactory progress ( )
2. Employee is not making satisfactory progress, immediate improvement is needed ( )

If item (1) is checked, supervisor should use space below to make recommendation for aiding the employee in continuing his/her progress and success on the job. The supervisor should also comment on work that is more than satisfactory. If number (2) is checked, please identify key responsibilities and expectations that are less than satisfactory, indicate nature of problem, dates of counseling, and areas of improvement needed. Attach additional sheets for comments if necessary.

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_____ _____

DATE REVIEWED WITH EMPLOYEE SIGNATURE OF EMPLOYEE DATE

_____

SIGNATURE OF SUPERVISOR DATE

_____

SIGNATURE OF REVIEWING OFFICIAL DATE