

## **Employee Probationary Period Review Form Instructions**

### **Application of Skills and Knowledge:**

Consider to date, how well the employee's skill and know-how measure up to the requirements of their position. Is the employee good at adapting and applying skill and knowledge to the work situation?

### **Quality of Work:**

Consider the amount of care and attention to detail the employee shows in his/her work. Is the employee thorough? Does the employee avoid mistakes?

### **Productivity:**

Consider the amount of work which this employee does. Does the employee organize duties well and work rapidly? Is the employee industrious? Does the employee stick to the job and avoid non-productive conversations?

### **Cooperation:**

Consider the employee's interest in the work and dedication to the position, department and the University. Is the employee willing to assume extra work when necessary? Is the employee cooperative and successful in dealing with others?

### **Dependability:**

Consider the employee's attendance, punctuality and reliability in following instructions. Is the employee frequently late or frequently absent? Does the employee need constant supervision? Can the employee be depended upon to follow procedure of the department and the University? Does the employee finish work on time?

### **Ability to Supervise (Supervisory Employees Only):**

Consider the employee's ability to direct the work activities of subordinate employees. Does the employee select the right people and the right number of people for the job to be done? Is the employee inclined to do too much of the detailed work? Is the employee fair and impartial with respect to treatment of subordinates? Has the employee gained the respect of subordinates?

# EMPLOYEE PROBATIONARY REVIEW FORM

Name of Employee \_\_\_\_\_ I.D.# \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Work Location- Building: \_\_\_\_\_ Room: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Hired Fulltime: \_\_\_\_\_ Probation Expires: \_\_\_\_\_

Date Transferred/Promoted: \_\_\_\_\_ Probation Expires: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ I.D.# \_\_\_\_\_

**This evaluation form must be completed and returned to the Office of Human Resources on completion of the 90 day probationary period.** In considering the factors below, please review the reverse side of this form.

Area	Exceeds	More Than Satisfactory	Satisfactory	Less Than Satisfactory	Unacceptable
Application of Skills & Knowledge					
Quality of Work					
Productivity					
Cooperation					
Dependability					
Ability to Supervise (Supervisory Employees Only)					

Consistent with the above evaluation, this employee:

\_\_\_\_\_ has completed probationary period.

\_\_\_\_\_ Overall Rating: \_\_ Exceeds \_\_ MTS \_\_ Satisfactory \_\_ LTS \_\_ Unacceptable

\_\_\_\_\_ probation is to be extended to

\_\_\_\_\_ will be terminated on \_\_\_\_\_

Remarks:

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair/Department Head Signature

\_\_\_\_\_  
Date