

TRINITY UNIVERSITY
New Employee Appraisal Form
(Orientation/Probationary)

CHECK ONE: 2 Month Review (60 days) 5 Month Review (150 days)
 Other (specify time period) _____

Employee's Name _____ Date Employed _____

Job Title _____ Date of Appraisal _____

Department _____

In determining the employee's suitability for continued employment, the immediate supervisor should provide the information requested below:

CHECK THE APPROPRIATE BOX:

- 1. Employee is making satisfactory progress
- 2. Employee is making progress with qualifications
- 3. Employee is not making satisfactory progress
- 4. Employee is to be released due to poor progress

Comments and/or actions to be taken:

Employee's comments:

Evaluated by:

Supervisor's Signature

Employee's Signature

Date

*-your signature on this form indicates you have received a copy of this form and have discussed its contents with your evaluator. It does not necessarily indicate agreement with the evaluator's comments.

Distribution: white-employee, yellow-department, pink-human resources

Revised 10/02