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.

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<th>Area</th>
<th>Exceeds</th>
<th>More Than Satisfactory</th>
<th>Satisfactory</th>
<th>Less Than Satisfactory</th>
<th>Unacceptable</th>
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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 ___________________________