



## PROBATIONARY PERFORMANCE APPRAISAL

Employee's Name	Classification
Department	
Supervisor's Name	Position
<p>PLEASE INDICATE TIME OF APPRAISAL:</p> <p><input type="checkbox"/> After 2 months</p> <p><input type="checkbox"/> After 4 months</p> <p><input type="checkbox"/> After 6 months</p> <p>This form must be completed by the supervisor during the probationary period in order for the employee to attain regular status.</p> <p>In the event that the employee's performance proves unsatisfactory during the probationary period, please complete section 14 and contact Human Resources.</p> <p>This document will become a permanent record on the employee's personnel file.</p>	

	YES	NO	NEEDS IMPROVEMENT
1. Has employee been fully trained for duties which he/she is so far required to perform?			
2. JOB KNOWLEDGE: Does employee know job requirements well?			
3. QUALITY: Is quality and accuracy of work good?			
4. QUANTITY: Is quantity of work meeting standards?			
5. INITIATIVE: Does employee have the ability to work with a minimum of supervision?			
6. DEPENDABILITY: Can you rely on this employee to follow instructions and do what you expect?			
7. Does employee deal with others in a helpful, courteous manner?			
8. ATTITUDE: Does employee seem to like present work?			
9. PUNCTUALITY: Is employee at work on time?			
10. SAFETY: Does employee try to work safely?			
11. ATTENDANCE: How many days absent since hired in this position? _____ Explain unusual incidences: _____ _____ _____ _____			

12. Describe how the employee is meeting key requirements of the position description. (If more space is needed, use other side.)

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13. In the event that an area needs improvement in the employee's performance, please indicate:

a) Nature of area requiring improvement: \_\_\_\_\_

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b) How are you assisting the employee in attaining the necessary improvement?

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14. If the application of #13 has resulted in no improvement, please recommend one of the following:

a) Additional training and extension of probationary period. Specify.

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b) Termination of employment prior to becoming a regular employee. Specify.

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Supervisor's Signature

Date

Dept.Head/Manager's Signature

Date

15. Being the employee, I agree with this appraisal.

Signature

Date

16. Being the employee, I **do not** agree with this appraisal.

Signature

Date