

## **END-OF-PROBATION PERFORMANCE APPRAISAL FORM**

(STRICTLY CONFIDENTIAL)

| Employee:   | Appraiser:           |                      |                                   |
|---|----------------------|----------------------|-----------------------------------|
| Job Title   | Job Title:           |                      |                                   |
| Department:   | Appraisal Period     | from:                | to:                               |
|   |                      |                      |                                   |
| <u>Instructions</u> : The purpose of this form is to e  | •                    |                      | _                                 |
| month probation period. For each category,  | ·                    | •                    |                                   |
| observations and all pertinent information.   | No explanation is    | needed for satisfact | ory evaluations. If               |
| performance is not satisfactory, appraiser mu   | ust explain why.     |                      |                                   |
| Important: If appraiser feels employee will no  | ot satisfactorily pa | iss the three month  | probation period, appraiser       |
| must contact Human Resources.   |                      |                      |                                   |
| JOB KNOWLEDGE AND SKILLS: Does employee comprehend his/her respon these responsibilities? Does employee need  |                      |                      | ed the skills required to fulfill |
| Satisfactory  | Not Satis            | sfactory             |                                   |
|   |                      |                      |                                   |
|   |                      |                      |                                   |
|   |                      |                      |                                   |
|   |                      |                      |                                   |
|   |                      |                      |                                   |
|   |                      |                      |                                   |
|   |                      |                      |                                   |
|   |                      |                      |                                   |
| QUALITY AND PRODUCTIVITY OF WORK:  Does employee perform work duties thorouge employee care about the quality of his/her was a second of the control of the |                      |                      |                                   |
| Satisfactory  | Not Satis            | sfactory             |                                   |

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| ATTENDANCE/PUNCTUALITY Consider employee's adherence   |                  | ern for, the work | schedule.                                    |                              |             |
|--|------------------|-------------------|--|------------------------------|-------------|
| Satisfactory   |                  | Not Satis         |  |                              |             |
|  |                  |                   |  |                              |             |
| ACTION:<br>Employee has passed probatic  | on period and is | being kept on as  | s a regular employe                          | ee.                          |             |
| Yes  | No               |                   | Extend Prob                                  | oation                       |             |
|  | COMMENT          | S AND RECOMM      | MENDATIONS                                   |                              |             |
| Appraiser's evaluation and reco  | ommendations i   | for improvement   | t:   |                              |             |
|  |                  |                   |  |                              |             |
|  |                  |                   |  |                              |             |
| Department Head/Chair's Conemployee's performance.):   | nments (Additioi | nal comments ai   | nd/or recommenda                             | ations regarding             | ; the       |
|  |                  |                   |  |                              |             |
|  |                  |                   |  |                              |             |
| Employee's Response to Appra<br>(Attach additional page(s) if ne   |                  | ents: Employee    | is encouraged but                            | not required to              | respond.    |
| - The state of the |                  |                   |  |                              |             |
|  |                  |                   |  |                              |             |
|  |                  | SIGNATURES        |  |                              |             |
| Employee's Signature   | Date             | Appraiser's Si    | ignature                                     | <br>Date                     |             |
| NOTE: Employee's signature o   | does not necess  |                   | <br>Chair's Signature<br>reement with this a | <br>Date<br>ppraisal, but co | nfirms that |

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the contents of it have been reviewed and discussed with the employee.