



90 Day Probationary Evaluation

Employee Information

| | | | |
|----------------------|--|--------------------|--|
| Name | | Employee ID | |
| Job Title | | Date | |
| Department | | Manager | |
| Review Period | | | |

Ratings

| | 1 = Poor | 2 = Unsatisfactory | 3 = Satisfactory | 4 = Good | 5 = Excellent |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Job Knowledge: The employee has a clear understanding of the job duties and completes all phases of assigned work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | |
| Quality of Work: The employee's work is well executed thorough, effective and accurate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | |
| Quantity of Work: The employee accomplishes assigned work of a specified quality within a specified period of time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | |
| Attendance/Reliability: The employee consistently reports to work and to meetings on time and prepared. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | |
| Initiative/Creativity: The employee is self-reliant, resourceful and creative in meeting objectives; consider how well the employee follows through on assignments and modifies or develops new ideas, methods, or procedures to effectively meet changing circumstances. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | |

| | | | | | |
|--|----------|--------------------|------------------|----------|---------------|
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|--|----------|--------------------|------------------|----------|---------------|

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Cooperation with Others: The employee works well with others and demonstrates a willingness to cooperate. Consider the employee's tact, courtesy, and effectiveness in dealing with co-workers, subordinates, supervisors and customers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Comments

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Relationship with Supervisor: The manner in which the employee responds to supervisory directions and comments. The extent to which the employee seeks counsel of the supervisor on ways to improve performance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Comments

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Capacity to Develop: The employee demonstrates the ability and willness to accept new/more complex duties/responsibilities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Comments

Overall Rating (average rating of the 8 numbers above). Total points _____ /8 = _____ out of 40

- Passed Probationary Period
- Failed Probationary Period
- Request to extend Probationary Period to _____ (date).*
- Extension request approved by HR
- Extension request denied by HR

**Probationary period extensions must occur prior to 90 days and must be reviewed and approved by Human Resources.*

Evaluation

Additional Comments:

Goals:

Verification of Review

By signing this form, you confirm that you have discussed this review in detail with your supervisor.

| | | | |
|--------------------|--|------|--|
| Employee Signature | | Date | |
| Manager Signature | | Date | |
| Human Resources | | Date | |