

## 6-MONTH PROBATIONARY EMPLOYEE PERFORMANCE EVALUATION

Employee Name \_\_\_\_\_ Department \_\_\_\_\_  
 Classification \_\_\_\_\_ Last Day of Probation \_\_\_\_\_  
 Date employed in this classification \_\_\_\_\_

**Instructions to Evaluator:** Evaluators should refer to the employee's job description when completing this form; the evaluation should focus on the employee's ability to perform the job duties listed in the job description. Employees should be evaluated three times -- at two months, four months, and one other time before the end of the probationary period. Indicate the evaluation of the employee's job performance by writing a number between 1 and 3 on the blank line to the right of each attribute, in the appropriate column (depending on whether this is the two-month, four-month, or final evaluation of the employee). Use the following scale:

1 = Unacceptable;                      2 = Needs Improvement;                      3 = Satisfactory

See the reverse side of this form for additional comments to the evaluator and the employee.

ATTRIBUTE		2 MONTHS	4 MONTHS	FINAL
	DATE			
<b>QUANTITY OF WORK</b> The extent to which the employee accomplishes assigned work of a specified quality within a specified time period				
<b>QUALITY OF WORK</b> The extent to which the employee's work is well executed, thorough, effective, accurate				
<b>KNOWLEDGE OF JOB</b> The extent to which the employee knows and demonstrates how and why to do all phases of assigned work, given the employee's length of time in his/her current position				
<b>RELATIONS WITH SUPERVISOR</b> The manner in which the employee responds to supervisory directions and comments. The extent to which the employee seeks counsel from supervisor on ways to improve performance and follows same				
<b>COOPERATION WITH OTHERS</b> The extent to which the employee gets along with other individuals. Consider the employee's tact, courtesy, and effectiveness in dealing with co-workers, subordinates supervisors, and customers				
<b>ATTENDANCE AND RELIABILITY</b> The extent to which employee arrives on time and demonstrates consistent attendance; the extent to which the employee contacts supervisor on a timely basis when employee will be late or absent				
<b>INITIATIVE AND CREATIVITY</b> The extent to which the employee is self-directed, resourceful and creative in meeting job objectives; consider how well the employee follows through on assignments and modifies or develops new ideas, methods, or procedures to effectively meet changing circumstances				
<b>CAPACITY TO DEVELOP</b> The extent to which the employee demonstrates the ability and willingness to accept new/more complex duties/responsibilities				

**Comments to Evaluator and Employee.** Evaluators should discuss the evaluation results with the employee. At a minimum, employees must be given a copy of the evaluation for their own records. Both the evaluator and the employee should sign the evaluation form. The employee signature indicates only that the employee received a copy of the evaluation. It does not necessarily signify employee concurrence. Both employees and evaluators are strongly encouraged to include written comments. At the final evaluation only, after the employee signs the form, the evaluator should give one copy to the employee, retain one copy for department files and forward one copy to IHR as an attachment in a HRFE Administrative transaction.

**TWO MONTH  
EVALUATION**

\_\_\_\_\_  
(Evaluator Signature and Date)

\_\_\_\_\_  
(Employee Signature and Date)

**FOUR MONTH  
EVALUATION**

\_\_\_\_\_  
(Evaluator Signature and Date)

\_\_\_\_\_  
(Employee Signature and Date)

**FINAL  
EVALUATION**

\_\_\_\_\_  
(Evaluator Signature and Date)

\_\_\_\_\_  
(Employee Signature and Date)

Employee Comments (please include date; attach additional paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluator Comments (please include date; attach additional paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO BE COMPLETED ONLY AT LAST EVALUATION BEFORE END OF PROBATIONARY PERIOD:

- I recommend this probationary employee become permanent and continuous.
- I recommend this probationary employee be dismissed before the end of the probationary period and will submit the appropriate forms.
- Employee resigned before completion of probationary period. (It is important that IHR receive this form even if employee has resigned.)

\_\_\_\_\_  
Evaluator Signature

\_\_\_\_\_  
date