



Probationary Review for New Employee

Review Period: 3 – 6 months
 6 – 12 months (with prior approval, refer to the policy)

Name as it appears in SAP: _____

Department: _____

Submitted by: _____

Unsuccessful: Performance is less than expected. Employee is not performing fully to the requirements of the job. Needs further development.
Successful: Performance clearly and fully meets all the requirements of the position.
Requires Further Assessment: Has not had an opportunity to fully perform the duty/duties

Indicate the level of performance by selecting the appropriate descriptor	U	S	RFA
Respect for the Dignity of Each Person – Consider the following Competencies			
<p><i>Customer Service</i> – Consistently provides timely and professional service, treats others with courtesy, and follows up as needed.</p> <p><i>Cooperation/Teamwork</i> – Displays a cooperative attitude. Demonstrates consideration of others, maintains rapport with others, and helps others willingly.</p> <p><i>Communication</i> – Communicates well with others in a clear, concise, accurate, and timely manner and makes useful suggestions.</p> <p>For Supervisor/Manager</p> <p><i>Leadership</i> – Demonstrates effective supervisory abilities, gains respect and cooperation, inspires and motivates others, and directs work group toward a common goal. Serves as a positive role model.</p>			
Fairness & Civility - Consider the following Competencies			
<p><i>Managing Conflicts</i> – Resolves work-related problems and works to correct performance problems.</p> <p><i>Judgment/Problem Solving</i> – Effectively analyzes problems, determines appropriate action for solutions, and exhibits timely and decisive action.</p> <p>For Supervisor/Manager</p> <p><i>Coaching & Evaluations</i> – Evaluates performance and conducts timely performance appraisals. Provides staff with on-going performance coaching.</p>			
Good Stewardship - Consider the following Competencies			
<p><i>Completion of Work</i> – Completes tasks as assigned and meets deadlines.</p> <p><i>Quality of Work</i> – Exhibits the required level of job knowledge and/or skills to perform the job. Assignments completed by the employee meet quality standards.</p> <p><i>Dependability/Accountability</i> – Monitors projects and exercises follow-through, adheres to time frames, and responds appropriately to instructions and procedures.</p> <p><i>Attendance/Punctuality</i> – Shows a commitment to the job in terms of his/her punctuality and/or absences and use of leave time in accordance with University policy</p> <p>For Supervisor/Manager</p> <p><i>Policy Compliance</i> – Administers policies and implements procedures correctly and appropriately.</p>			
Community of Learning - Consider the following Competencies			
<p><i>Technical Skills</i> – Exhibits the ability to learn and apply new skills.</p> <p><i>Initiative</i> – Seeks and assumes greater responsibility, searches for new and more creative ways to improve processes, and monitors projects independently.</p> <p><i>Adaptability</i> – Adjusts to a change in duties, procedure, supervisors or work environment. Shifts priorities and focuses on tasks outside his/her normal responsibilities when needed.</p>			

Comments:

Employee's Comments:

Recommendation (Select One)

- Continue Employment. Completed probationary period successfully.
- Separation – Discontinue employment
- Continue with maximum probationary period of up to six (6) months from original hire date
- Extend probationary period beyond the normal six (6) months, up to a maximum of an additional six (6) months. An extension requires Human Resources approval below and must be obtained prior to the six (6) month anniversary.

Department of Human Resources: _____ Date: _____

Signatures:

Employee Signature: _____ Date: _____

Employee signature does not indicate agreement with appraisal; it only acknowledges that the employee was given the opportunity to discuss the appraisal with the supervisor.

Supervisor's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

VC/Chancellor's Signature: _____ Date: _____

The number of approvals is determined by the Vice Chancellor of each area. Submit complete and approved form to Human Resources/Lester Hall.