PROBATIONARY REVIEW

Employee Name: ____________________________________________
(as it appears on payroll records)

Classification: ____________________________________________

Supervisor: ________________________________________________

Supervisor Phone: __________________________________________

Department: _______________________________________________

Evaluation Date: ____________________________________________

Date of Hire: _______________________________________________

SECTION 1: DESCRIPTION OF PERFORMANCE

Describe how well the employee has learned his/her job duties:

________________________________________________________________________

Indicate the employee’s strengths:

________________________________________________________________________
Unified Government
Human Resources Guide

Effective: 04-01-05

Indicate the employee’s areas of improvement needed:

Overall Performance Rating:

<table>
<thead>
<tr>
<th>Overall Performance Rating</th>
<th>Exceeds Requirements*</th>
<th>Meets Requirements**</th>
<th>Does Not Meet Requirements***</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please mark one item to the right)</td>
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*Exceeds Requirements:
Evidence shows performance, which exceeds expectations in a superior or exemplary manner.

**Meets Requirements:
Evidence shows attainment of expected satisfactory performance.

***Does Not Meet Requirements:
Evidence shows performance to be below expectations or unacceptable.

SECTION 2: JUSTIFICATION FOR OVERALL RATING OF EXCEEDS REQUIREMENTS OR DOES NOT MEET REQUIREMENTS
(additional sheets and/or documentation may be added)

SECTION 3: PROBATIONARY COMPLETION DETERMINATION

1. Was probationary period successfully completed? □ Yes □ No
   a. If yes, obtain signatures in section 4 and submit to Human Resources.
   b. If no, see question 2. (For employees rated “Does Not Meet Requirements only)
2. If probationary period is extended, provide justification below:


3. If extension to probation is granted, please list date in which probation ends below:

Note: A Performance Improvement Plan must be completed for probation extensions reflecting the same ending date as indicated above. The Performance Improvement Plan should be attached to this Performance Evaluation Form.

SECTION 4: SIGNATURES AND APPROVALS

Employee Comments:


Employee’s Signature: 


Date:

Supervisor Comments:


Supervisor’s Signature: 


Date:

Division Head Comments:


Division Head’s Signature: 


Date:

Department Head Comments:


Department Head’s Signature: 


Date: