



PROBATIONARY EVALUATION FORM

Meets performance requirements at the time of evaluation?	
Yes	No

Employee Name: _____
 Last Name _____ First Name _____ M.I. _____

Position Title: _____ Employee ID: _____

Department: _____ Division: _____

Date of Hire: _____ 1st month Review _____ 5th month review _____ Next Review Date: _____

Performance Standards:

M – Meets: Performance meets job requirements, demonstrates productivity, effectiveness, and competency.

N – Needs Improvement: Performance does not consistently meet all job requirements; improvement is necessary to attain expected level of performance.

Elements	M	N	N/A
Quality of Work – Accuracy, thoroughness, and effectiveness of work.			
Quantity and/or Timeliness of Work – Volume produced and prompt completion of assignments.			
Teamwork and Relationships with Others – Cooperates & communicates effectively with others.			
Accountability and Responsibility – Takes ownership for actions.			
Attendance and Punctuality.			

Comments (Attach additional pages as needed)

Employee Name EEID Signature Date

Supervisor Name EEID Signature Date

Next Level Manager Name EEID Signature Date

Reviewed by HR Representative _____ Date _____



Employee's signature confirms discussion, not necessarily agreement. Probationary Evaluation Form – Revised 9/2020.