



THREE-MONTH PERFORMANCE REVIEW

(Probationary Employee Performance Review)

EMPLOYEE'S NAME: _____ ID NUMBER: _____

TITLE: _____ POSITION NUMBER: _____

DEPARTMENT: _____ HIRE DATE: _____

SUPERVISOR'S INSTRUCTIONS

At the end of three months of employment, the supervisor is to meet with the employee to jointly discuss job performance and expectations. Once the essential functions (primary job responsibilities) have been clearly identified and discussed, the supervisor is to describe acceptable performance expectations. If applicable, identify deficiencies, provide a means of improvement, give a timeframe for results and indicate a date for a follow-up meeting. Throughout the meeting, the supervisor is expected to use the techniques of modeling, coaching, reinforcing and providing feedback to sustain good performance and improve marginal or unsatisfactory performance, if necessary.

IDENTIFICATION OF MAJOR JOB RESPONSIBILITIES:

MAJOR JOB RESPONSIBILITY

1: _____

Meets expectations

Does not meet expectations*

MAJOR JOB RESPONSIBILITY #2: _____

Meets expectations

Does not meet expectations*

MAJOR JOB RESPONSIBILITY #3: _____

Meets expectations

Does not meet expectations*

MAJOR JOB RESPONSIBILITY #4: _____

Meets expectations

Does not meet expectations*

***When an employee does not meet expectations, an improvement plan providing guidance to meet minimum levels of acceptable performance is to be established.**

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(Continued)

Improvement Plan: (Performance Expectation) (Identify job responsibility by #)

Evaluate the following dimensions of the employee's performance:

	Satisfactory	Needs Improvement
Attendance	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>
Communication with others	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension of job responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of work	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's comments and signature:

I have discussed this evaluation and my recommendation regarding:

Continued employment

Termination of employment

Signature _____ Date _____

Employee's comments (optional) and signature (required):

I have discussed this evaluation and my employment status regarding:

Continued employment

Termination of employment

Signature _____ Date _____

Forward a copy of the completed review form to Human Resources.