



SIX-MONTH PERFORMANCE REVIEW

(Probationary Employee
Performance Review)

Employee's Name: _____ ID Number: _____

Title: _____ Position Number: _____

Department: _____ Hire Date: _____

SUPERVISOR'S INSTRUCTIONS:

The supervisor is to meet with the employee to discuss the employee's job performance. If a three-month review was completed for the employee, that review should be referenced. Complete this evaluation using the techniques of modeling, coaching, reinforcing and providing feedback to sustain good performance and improve marginal performance, if necessary. *Please check the box and complete only the section of this form that applies to the employee's overall performance.*

Forward a copy of the completed evaluation to **Human Resources**.

SECTION I

Employee Meets Expectations:

Employee performs all significant tasks according to expectations. Work is performed with expected supervision. (Removal of introductory status – provide signatures and dates below.)

Supervisor's comments and signature:

I have discussed this evaluation and my recommendation for this employee is continued employment.

Signature: _____ Date: _____

Supervisor's comments:

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

I have discussed this evaluation and my employment status regarding continued employment.

Signature: _____ Date: _____

Employee's comments:

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SECTION II

Employee's Employment is Conditional:

Employee performs most significant tasks at the level expected for acceptable performance but performance of some of those tasks needs improvement. More than the expected amount of supervision is required. (Request extension of introductory employment - see below)

Recommending extension of introductory employment to: _____

Note: Only one extension of three additional months will be given.

Six-Month Improvement Plan

Listed below are the primary job responsibilities for which the employee's performance is marginal and an improvement plan. This has been discussed with the employee.

Primary Job Responsibility: _____

Improvement Plan:

Primary Job Responsibility: _____

Improvement Plan:

** Please complete the signature section at the bottom of the page.*

SECTION III

Employee Does Not Meet Expectations:

A significant number of tasks are performed at a level below that expected for acceptable performance. Recommend employee for Termination from Introductory Employment.

Justification:

SIGNATURE SECTION

Supervisor's comments and signature:

I have discussed this evaluation and my recommendation for this employee is:

Continued employment

Termination of employment

Signature: _____ Date: _____

Supervisor's comments:

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

I have discussed this evaluation and my employment status regarding:

Continued employment

Termination of employment

Signature: _____ Date: _____

Employee's comments: