

Evaluation Period:

30-Day□

30-, 60-, 90-Day Performance Evaluation

90-Day□

60-Day □

(please check one box)		
Date of Evaluation Meeting: Click or tap to enter a date.		
Name Employee Name (Last, First):	Employee Number:	
Department:	Position/Job Title:	
Date of Hire / Transfer / Promotion:	Supervisor Name:	

PURPOSE

The purpose of a 30-, 60-, and 90-day probationary evaluation is as a tool to encourage frequent two-way conversations between the supervisor and employee regarding progress, underscore the expectations of the position, maximize the employee's opportunity to become a successful performer, and determine next steps towards the employee's employment future. This tool is to be used for new hire employees, but can also be used for employees who move to a new position, whether as a transfer to another position or promotion.

TO THE SUPERVISOR

- The evaluation will be considered confidential and should be discussed in detail with the employee.
- For the employee, supervisor, and the University to gain the most from this tool, supervisors are highly encouraged to take advantage of the 30-,60-, 90-day practice of evaluation to better engage with the employee.
- Please submit the completed and signed 90-day evaluation form to Human Resources by clicking HERE.
- The 30- and 60-day evaluations are optional, though highly recommended, and not required to be sent to HR unless there is a performance problem documented.

PART I: EMPLOYEE REVIEW

Question	Employee Comment
1. What accomplishments, this evaluation	
period, are you most proud of?	
What personal strengths enabled you to	
reach those accomplishments?	
2. What has been meet abellowing for you	
3. What has been most challenging for you	
in this position? Any barriers?	
4. How can your supervisor (and team)	
better support you becoming successful	
in your position?	

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PART II: SUPERVISOR REVIEW

Job Performance Factor and Description	SUPERVISOR Rating and Comment	
A. Productivity	Meets □ Does Not Meet □ Not Observed □	
(e.g. demonstrates commitment to producing work that meets	(please check one box)	
departmental standards/goals, ensures consistency and accuracy in	,	
result/output, etc.)		
B. Initiative	Meets □ Does Not Meet □ Not Observed □	
(e.g. shows great energy in tackling challenges related to assigned	(please check one box)	
tasks, demonstrates accountability for own learning, works well		
without any supervision, etc.)		
C. Dependability	Meets □ Does Not Meet □ Not Observed □	
(e.g. demonstrates satisfactory attendance, reports to work and	(please check one box)	
meetings as scheduled, etc.)		
D. Cooperativeness	Meets □ Does Not Meet □ Not Observed □	
(e.g. works well with others, willingness to share expertise and	(please check one box)	
information with others, demonstrates a collaborative aptitude, etc.)		
E. Adaptability	Meets □ Does Not Meet □ Not Observed □	
(e.g. constructively acts and adjusts due to feedback or change,	(please check one box)	
performs under pressure, handles multiple assignments, etc.)		
F. Compliance / Safety	Meets □ Does Not Meet □ Not Observed □	
(e.g. speaks up about all risks of harm, adheres to all safety	(please check one box)	
guidelines, participates in all mandatory training, etc.)	,	
G. Diversity, Equity, & Inclusion	Meets □ Does Not Meet □ Not Observed □	
(e.g. encourages and contributes to a work environment that is	(please check one box)	
welcoming to all, treats all individuals with courtesy, dignity, and	,	
respect, etc.)		
H. Overall Rating		
(please check one box)		
Employee successfully meets or exceeds requirements. Employee fails to meet orientation job requirements.		
I. Comments		
All ratings of "does not meet" requires comments; Add what employee should work towards for next evaluation.		
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J. Recommendation		
(please check one box)		
 Recommend completion of probation period. □ 		
$ullet$ Recommend 30-day extension of probation period for additional observation time. \Box		
Recommend employee be terminated (must be approved by	y HR Employee Relations). □	
PART III: SIGNOFFS		
Employee: (1) I have read and discussed this evaluation with my supervisor.		
(2) I realize that if I wish to do so, I may submit a writte Resources Department within five (5) days of this	en statement about this evaluation to the Human	
Employee's Signature	Date	
Supervisor's Signature	Date	

Please submit the completed and signed 90-day evaluation form to Human Resources by clicking <u>HERE</u>.