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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(Probationary Employee Performance Review)
(Continued)

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

Evaluate the following dimensions of the employee’s performance:

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Punctuality</td>
<td>☐</td>
<td>☐</td>
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<td>Initiative</td>
<td>☐</td>
<td>☐</td>
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<td>Communication with others</td>
<td>☐</td>
<td>☐</td>
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<td>Comprehension of job responsibilities</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Skills</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Quality of work</td>
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<tr>
<td>Quantity of work</td>
<td>☐</td>
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</tbody>
</table>

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.