PERFORMANCE REVIEW FOR THREE-MONTH TRIAL PERIOD
(Promotions and Transfers)

Employee’s Name: ___________________________________ ID Number: __________

Title: _______________________________________________ Position Number: ________

Department: ___________________________ Start Date: __________

SUPERVISOR’S INSTRUCTIONS
At the end of three months of employment in this position, the supervisor is to meet with the employee to jointly discuss the employee’s job performance. This evaluation should be completed using the techniques of modeling, coaching, reinforcing and providing feedback to sustain good performance and improve marginal performance, if necessary. Please check only the section of this form that applies to the employee’s overall performance.

SECTION I: _____ Employee Meets Expectations

SECTION II: _____ Employee’s Employment is Conditional

   Recommending one-time extension of trial period to: __________________________

Primary Job Responsibility: ______________________________________________________

Improvement Plan:

   Primary Job Responsibility: ____________________________________________________

   Improvement Plan:

SECTION III: _____ Employee Does Not Meet Expectations

Recommendation: _____ Continued Employment _____ Termination of Employment

Comments:

Supervisor’s Signature: ___________________________ Date: ________________

Comments (optional):

Employee’s Signature: ___________________________ Date: ________________

A copy of the completed evaluation should be given to the employee and forwarded to HR.