



THREE-MONTH PERFORMANCE REVIEW

(For new employees, promotions/ transfers)

Employee's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_
Title: \_\_\_\_\_ Position Number: \_\_\_\_\_
Department: \_\_\_\_\_ Hire Date: \_\_\_\_\_

SUPERVISOR'S INSTRUCTIONS:

At the end of three months of employment, the supervisor should meet with the employee to jointly discuss job performance and expectations. Once the essential functions 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. Complete this evaluation using the techniques of modeling, coaching, reinforcing and providing feedback to sustain good performance and improve marginal performance, if necessary. The employment relationship between the University and the staff is by mutual consent (employment-at-will) and may be terminated by either the staff or the University at any time with or without cause.

Please check the box and complete only the section of this form that applies to the employee's overall performance.

SECTION I

Empty checkbox

Employee Meets Expectations:

Employee performs all significant tasks according to expectations. The employee has successfully completed the introductory period.

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:

Forward a copy of the completed evaluation to Human Resources.

# THREE-MONTH PERFORMANCE REVIEW (CONTINUED)

## **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/trial period to \_\_\_\_\_ (date):  
\_\_\_\_\_

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

### Improvement Plan

Listed below are the primary job responsibilities for which the employee's performance is marginal and an improvement plan is needed. 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 of 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: \_\_\_\_\_

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