

PROBATIONARY/ ASSESSMENT PERIOD EVALUATION

- Probationary Employee Evaluation (new to Trent)
 Assessment Period Evaluation (existing employee)

DATE: April, 2008

PURPOSE

The objective of this process is to ensure that employees understand what the standards are by which they are being measured, how they are progressing and what their evaluation is prior to the end of the probationary period. The key to this process is clear communication between the Supervisor and employee.

EMPLOYEE INFORMATION

Employee Name: _____ Position: _____
 Probationary/Assessment Period: _____ to _____ Supervisor: _____
 D / M / Y D / M / Y PRINT NAME
 Department: _____

SUPERVISOR RESPONSIBILITIES

Responsibilities of the Supervisor include the following:

- establish and communicate expectations, standards or objectives for the work to be done;
- periodically review progress with the new employee regarding how well expectations are being met;
- maintain on-going documentation of performance; and
- make a determination regarding the employee's suitability for continued employment.

PERFORMANCE RATING DEFINITIONS

Satisfactory: Performance meets expectations and all requirements of the job. While there are still areas for development, there are no concerns about the individual's ability in the performance of their job.

Unsatisfactory: Performance does not meet expected standards and requirements of the job. Significant improvement is needed. When this rating is given it is a warning that an employee's job may be in jeopardy if performance continues at the current level.

PERFORMANCE EVALUATION

Rating (✓)	First Evaluation		Final Evaluation	
	S	U	S	U
<p><u>Core Capabilities:</u> Has a positive attitude and has productive relationships with others; displays interpersonal skills; is continuously looking for improvements. <i>Comments to Support Rating Decision:</i></p>				
<p><u>Customer Service Orientation:</u> Follows through on commitments to resolve client issues and needs in a timely manner; takes initiative to uncover client needs; responds in a positive manner to the needs of internal and external clients. <i>Comments to Support Rating Decision:</i></p>				
<p><u>Quality and Quantity of Work:</u> Produces an acceptable level of work in a timely and consistent manner; is accurate and thorough; consistently meets deadlines. <i>Comments to Support Rating Decision:</i></p>				

<p><u>Decision Making and Judgment:</u> Analyzes and solves problems; accountable and takes responsibility for decisions taken; is effective and flexible; consults others when appropriate. <i>Comments to Support Rating Decision:</i></p>				
<p><u>Organizational Ability:</u> Plans work and organizes its completion; is able to cope with a variety of activities and distractions; is able to establish priorities. <i>Comments to Support Rating Decision:</i></p>				
<p><u>Punctuality/Attendance:</u> Consistently arrives to work on time; observes proper timekeeping for breaks and leaving work; attends work regularly. <i>Comments to Support Rating Decision:</i></p>				
<p><u>Initiative:</u> Uses independent judgment and innovation within their limits of authority; uses time effectively and productively; requires minimal supervision to complete tasks. <i>Comments to Support Rating Decision:</i></p>				
<p><u>Job Knowledge:</u> Understands and applies their knowledge of the techniques, methods and skills involved in the job; complies with health and safety rules. <i>Comments to Support Rating Decision:</i></p>				

AREAS FOR DEVELOPMENT/SUGGESTED TRAINING/REQUIRED IMPROVEMENTS

EMPLOYEE SIGNATURE

In signing this form, I am indicating that I have read the evaluation/assessment and discussed it with my Supervisor. My signature does not necessarily signify that I agree with the evaluation, but that the evaluation has been reviewed with me.

Employee Signature

Date

SUPERVISOR RECOMMENDATION

- Retain Employee
- Extend Probationary/Assessment Period to the following date: _____ (please contact Human Resources)
- Do Not Retain Employee (please contact Human Resources)

This evaluation has been completed by: _____
Supervisor Signature

Date