

MRWMD
PROBATIONARY EMPLOYEE PERFORMANCE EVALUATION

Employee Name _____ **Title** _____

Department _____ **Start Date** _____

Instructions to Evaluator: Employees should be evaluated two times—at three months and six months before the end of the twelfth month probationary period. Indicate the evaluation of the employee’s job performance by writing a number between 1 and 4 on the blank line to the right of each attribute, in the appropriate column. Use the following scale:

- 1 = Unacceptable
- 2 = Needs Improvements
- 3 = Progressing Towards Satisfactory
- 4 = Satisfactory

	3 Months		6 Months	
	Emp.	Sup.	Emp.	Sup.
QUANTITY OF WORK The extent to which the employee accomplishes assigned work of a specified quality within a specified time period.				
QUALITY OF WORK The extent to which the employee’s work is well executed, thorough, effective, accurate.				
KNOWLEDGE OF JOB The extent to which the employee knows and demonstrates how and why to do all phases of assigned work, given the employee’s length of time in his/her current position.				
RELATIONS WITH SUPERVISOR The manner in which the employee responds to supervisory directions and comments. The extent to which the employee seeks counsel from supervisor on ways to improves performance and follows same.				
COOPERATION WITH OTHERS The extent to which the employee gets along with other individuals. Consider the employee’s tact, courtesy, and effectiveness in dealing with co-workers, supervisors, and customers.				
ATTENDANCE AND RELIABILITY The extent to which employee arrives on time and demonstrates consistent attendance; the extent to which the employee contacts supervisor on a timely basis when employee will be late or absent.				
INITIATIVE AND CREATIVITY The extent to which the employee is self- directed, resourceful and creative in meeting job objectives; consider how well the employee follows through on assignments and modifies or develops new ideas, methods, or procedures to effectively meet changing circumstances.				
CAPACITY TO DEVELOP The extent to which the employee demonstrates the ability and willingness to accept new/more complex duties/responsibilities.				

Employee Comments (please include date; attach additional paper if necessary):

Evaluator Comments (please include date; attach additional paper if necessary):

**3 MONTH
EVALUATION**

_____ (Evaluator Signature and Date)

_____ (Employee Signature and Date)

Employee Comments (please include date; attach additional paper if necessary):

Evaluator Comments (please include date; attach additional paper if necessary):

**6 MONTH
EVALUATION**

_____ (Evaluator Signature and Date)

_____ (Employee Signature and Date)