



**Staff Probationary Evaluation**

<b>Employee:</b>	
<b>Date of Hire:</b>	<b>Job Title:</b>
<b>Supervisor:</b>	<b>Department:</b>

Based on the immediate supervisor’s observation and knowledge of this employee’s performance of the essential duties as listed on the attached position description, it has been determined that the probationary period is:

Complete	The employee is demonstrating the capacity to perform the job at satisfactory level of performance and has successfully completed the probationary period.
Extended	The employee is making progress and will require more time to determine if a satisfactory level of performance can be achieved and maintained. The probationary period will be extended by ___ days.
Terminated	The employee is not making progress and does not demonstrate a satisfactory level of performance. Employment will not be continued in this position.

Supervisor comments and required actions (if necessary):

Employee Comments:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(By signing, you are confirming that your position description and performance of the essential functions of the position were reviewed and discussed with you.)

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Next Level Mgr: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_