|  |  |  |  |
| --- | --- | --- | --- |
| Employee: |  | Job Title: |  |
| Department: |  | Date of Hire: |  |
| Review Period From: | *To be filled in by HR* | To: | *To be filled in by HR* |
| Supervisor/Evaluator: |  | Date of Evaluation: |  |
|  | | | |

**Instructions**

* Employees will be reviewed at the end of the first 90 days of employment
* Review employee’s work performance for the entire period indicated above
* Be objective and avoid personal feelings that might govern your rating

**Performance Evaluation Definitions**

**Meets Performance Expectations:** Attains the high expectations of Centenary University; employee if fully qualified, meets performance expectations, and handles job assignments in a manner consistent with the high standards of Centenary University.

**Does Not Meet Performance Expectations:** Almost attains expectations, or employee does not meet expectations on all job requirements but is judged capable of improvement and progression toward meeting all performance expectations. An extension of the introductory evaluation period is recommended.

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| **Section One** |

|  |  |
| --- | --- |
| 1 | 2 |
| Does Not Meet Performance Expectations | Meets Performance Expectations |

|  |  |  |  |
| --- | --- | --- | --- |
| **Evaluator Rating** | **Accountabilities** | **1** | **2** |
| * Knowledge of Job | |  |  |
| * Productivity | |  |  |
| * Quality of Work | |  |  |
| * Understands directions | |  |  |
| * Cooperation with others | |  |  |
| * Initiative | |  |  |
| * Dependability | |  |  |
| * Attendance | |  |  |
| * Punctuality | |  |  |

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| **Section Two** |

|  |  |  |
| --- | --- | --- |
| Has the employee adjusted to the workplace and department / program? | Yes | No |
| Comments: | | |

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| --- |
| **Section Three** |

Identify the area(s) where the employee excels

|  |
| --- |
| **Employee Strengths** |
|  |

Identify the area(s) where the employee could benefit from development and improvement

|  |
| --- |
| **Area(s) for Improvement** |
|  |
| **Section Four** |

Check one box for the overall performance rating.

|  |  |
| --- | --- |
| Summary Evaluation *(check only one)* | |
| Recommend Change of Status to “regular” employment |  |
| Recommend an extension of the Introductory Evaluation Period *(requires* ***Prior*** *approval of the Director of Human Resources)* |  |
| Recommend termination of employment *(requires* ***Prior*** *approval of the Director of Human Resources)* |  |
| *Note: After an extension has been approved by the Director of Human Resources, speak with the employee to discuss areas of satisfactory work, areas of work where improvement is needed and expectations during the Extended Introductory Period.* | |

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| **Section Five** |

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| Supervisor Comments |
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| Employee Comments |
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| **Section Seven** |

Performance Appraisal Acceptance

I have read and discussed the contents of this evaluation with my supervisor.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s Signature: |  | | |
| Printed Employee’s Name: |  | Date: |  |
| Supervisor’s Signature: |  |  |  |
| Printed Supervisor’s Name: |  | Date: |  |