

*****Personal and Confidential*****

90-DAY INTRODUCTORY PERIOD PERFORMANCE EVALUATION FORM

Please Note: An extension of the probationary period, or termination of an employee, requires a consultation with Employee Relations. For all questions, please contact EmployeeRelations@westernu.edu.

EMPLOYEE INFORMATION

EMPLOYEE NAME:

JOB TITLE:

HIRE DATE:

SUPERVISOR NAME:

**DEPARTMENT/
COLLEGE:**

ORG:

EMPLOYEE PCN:

REVIEW PERIOD:

From:

Through:

Evaluation Date:

INSTRUCTIONS

The introductory period provides new employees the chance to demonstrate their ability to achieve satisfactory performance levels. This tool assists new employees and supervisors in communicating expectations, performance appraisal, and identification of needed resources or support. In the fields below, use the following Rating Guide to evaluate the employee's performance in each category. It is recommended that you complete this tool in consultation with the position description.

Rating Guide

Rating	Description
5	Outstanding - The goal achievement had significant impact on the University (e.g. significant cost saving for the University, reduced risk, increased safety, development of best practices that are adopted by groups outside the work unit).
4	Exceeds Expectations - Clearly and consistently exceeded all established measurements and expectations for this goal (e.g. Consistently takes initiative in organizing, prioritizing, and problem solving and makes appropriate decisions to reach satisfactory outcomes for the goal).
3	Meets Expectations - Frequently exceeded some established measurements and expectations for goals, while others were fully met. Frequently takes initiative in organizing, prioritizing and solving problems and makes appropriate decisions to reach a satisfactory outcome for goals. Demonstrates a strong commitment to the quality and effectiveness of achieving goals.
2	Does Not Meet Expectations - Did not meet the established expectations to achieve a goal. Does not demonstrate the knowledge or skills required to meet desired results and required significant manager involvement.
1	Needs Improvement - Did not achieve goals even with assistance from the manager. An action plan for improvement needs to be developed.

PERFORMANCE FACTORS

Rate the employee's performance in the following performance factors using the 1 to 5 scale. If the factor is not applicable, please input N/A. Comments are recommended for any rating below a 3.

Performance Factor	Comments	Rating (1-5)
1. Job Knowledge		
2. Quality of Work Performed		
3. Oral & Written Communication		
4. Use of Time and Resources		
5. Reliability & Dependability		
6. Flexibility and Adaptability		
7. Interpersonal Relations		
8. Judgment, Analytical Ability & Decision Making		
9. Values Customer Service		
10. Adheres to Policies & Procedures		
OVERALL RATING <i>(total all ratings and divide by 10 for the average overall rating)</i>		

EXPECTATIONS PERFORMANCE

Using the same 1-5 scale, value the employee's accomplishment of meeting established expectations during the performance period. If goals have been established, they can be listed here. Please enter at least two expectations/goals. Please add additional rows as needed.

Expectation/Goal (Describe what is expected)		Comments (Provide brief narrative of expectation/goal accomplishment)	Rating (1-5)
1.			
2.			
3.			
4.			
5.			
Overall Performance <i>(total all ratings and divide by the number of expectations/goals for the average overall rating)</i>			

SUMMARY ASSESSMENT

Evaluate the individual's overall performance based on their demonstration of knowledge, skills and behaviors to perform the role. Select one box below. If appropriate, include suggestions for professional development in the comments section. Add lines as needed.

	Meets expectations.
	Does not meet expectations.
Reviewer Comments and Recommendations for Professional Development (if appropriate).	

REVIEWER RECOMMENDATION

(select one)

	Extend introductory period until: <i>(not to exceed three months)</i> <i>(Requires consultation between department and Human Resources/Employee Relations)</i>
	If no improvement, release from introductory period employment. <i>(Requires consultation between department and Human Resources/Employee Relations)</i>
	Grant career status (non-introductory status).

Employee Name	Supervisor Name

*Employee Signature/Date	Supervisor Signature/Date

**Your signature indicates an acknowledgement of receipt and not necessarily an agreement with the performance appraisal.*