Probationary Merit Employee
Three-Month Evaluation Form

This form is to be used for either a new hire employee or a regular merit employee who has recently moved to a new position through promotion or transfer. This form should be completed towards the end of the 2nd month or beginning of the 3rd month of the employee’s probationary period.

Employee’s Name: 

Employee’s University ID #: 

Department: 

Employment Date: 

Supervisor’s Name: 

Supervisor’s University ID #: 

End of Probationary Period: 

Three-Month Evaluation Date: 

Rating Categories and Definitions

**Exceptional**
Consistently exceeds expectations. Performance is consistently characterized by exceptionally high work quality. Employees rated as exceptional repeatedly make contributions which are far above the requirements of their position. They use exceptional judgment and regularly exhibit mastery of their job assignments.

**Exceeds Expectations**
Frequently exceeds expectations. Performance indicates thorough attention to and the completing of all assigned responsibilities. Unusual problems are properly considered and generally well handled. Individuals strive for job improvement and initiative is regularly displayed. The contribution of these individuals is usually beyond that expected.

**Meets Expectations**
Performance meets the requirements of the position. The position is being covered in an adequate manner and the responsibilities are being handled competently. This rating is not to be considered as marginal performance.

**Needs Improvement**
Performance does not consistently meet minimum expectations of the position. Supervisor needs to provide specific written expectations for improvement.

**Unsatisfactory**
Performance does not meet the requirements of the position. The result is generally termination.

Check boxes below to indicate performance:

<table>
<thead>
<tr>
<th>Performance Areas Evaluated</th>
<th>Exceptional</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of work</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Quantity of work</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Following instructions</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Personal initiative (does job w/o constant direction)</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Solving routine problems on own</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Attitude toward work and UNI</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Relationship with supervisor</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Relationship with co-workers</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Attendance</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Punctuality</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Attire appropriate for job</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Ability to accept coaching</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

Comments:
Respond to the Following:
1. What are employee’s strongest point(s)?

2. What areas need to be improved most?

3. Describe any incidents that have caused you concern or seemed to cause the employee concern.

4. Describe any concerns to be discussed with the employee.

Recommended Action:
If evaluating new hire employee:  □ Continue Probationary Period    □ Termination

If evaluating regular employee in new position, this evaluation is to be considered an interim evaluation and a second evaluation (Six-Month Evaluation Form) will need to be completed before the end of the probationary period.

Supervisor’s Signature: ___________________________  Date: ______________

Employee Signature*: ___________________________  Date: ______________

*I acknowledge that this Three-Month Evaluation was discussed with me.

Dean/Department Head’s Signature: ___________________________  Date: ______________

Prior to end of the employee’s third month of probation,
Please return the original to Human Resource Services, 027 Gilchrist, 0034.