PROBATIONARY EVALUATION REPORT CLASSIFIED SERVICE EMPLOYEES

Section 1 Employee:		Offi	cial Jo	h Titl	e/Salary	/ Grade:		
Supervisor:		Official Job Title/Salary Grade: Date Appointed:						
Department:		Line Number:					-	
Initial Ap	ppointment:	Pro	motion	:				
THIS EVALUATION	N IS TO BE CON	APLET	TED B	Y EN	1PLOY	EE'S IM	IMEDIATE SUP	ERVISOR
AND RETURNED T	O HUMAN RES	SOUR	CES N	O LA	TER T	<u>'HAN:</u>		
The initial evaluation per employees promoted up to to salary grade 14 and abo	and including sala							
	1	2	3	4	5	6		
F	FORM #							
Section II		ı	1	ı	I	ı		
	Unsatisfactory		verage			Average	Not Applicable	Not Observed
Check appropriate box for each criteria listed. A negative report requires written documentation	Employee is not performing up to department standards	Employee is on a par with others in title		in	Employee performs/functions above most peers		Indicate the reason why below	
Quality of Work								
Quantity of Work								
Ability to be Trained								
Attitude Toward Job								
Appearance								
Attendance								
Punctuality								
Relations With Other								
Overall Evaluation: Comments REQUIRE	Satisfactory D for categories		d as "A	Abovo		Jnsatisfac	·	

POLICIES:

The probationer's supervisor shall carefully observe his conduct and performance of the probationer. It is imperative that the supervisor: (a) Review the contents of the evaluation with the employee and sign and date the form; (b) Have the employee sign and date the form; (c) **Return the original to Human Resources by the due date.**

If the conduct or performance of the probationer is unsatisfactory: (a) Employment may be terminated any time after 8 weeks or before completion of the maximum period of probation; (b) The employee must be notified in writing of the decision to terminate two weeks in advance.

I RECOMMEND:

Permanency	Date:	
Continue Probation	Date:	Return this form to HR by the date indicated on top
Termination	Date:	Employment may be terminated after 8 weeks. If termination occurs before the maximum probation period, notify HR 2 weeks in advance. (Applicable to only newly appointed NYS employee's initial probation period)
Termination	Date:	Employee to be reinstated to previous title/position
I have discussed this evaluation with en	nployee YES	NO
If no, explain:		
Signature of Supervisor		Date
Signature of Employee		Date

I have read and received a copy of this evaluation. My signature does not necessarily constitute agreement with its content. I know I may submit a rebuttal to be included in my file.