

PROBATIONARY EVALUATION REPORT CLASSIFIED SERVICE EMPLOYEES

Section I

Employee: _____ Official Job Title/Salary Grade: _____
 Supervisor: _____ Date Appointed: _____
 Department: _____ Line Number: _____
 Initial Appointment: __ Promotion: __

THIS EVALUATION IS TO BE COMPLETED BY EMPLOYEE'S IMMEDIATE SUPERVISOR AND RETURNED TO HUMAN RESOURCES NO LATER THAN: _____

The initial evaluation period for a new employee is every two months (6xs for one year). The probationary period for employees promoted up to and including salary grade 13, is 26 weeks and the probationary period for employees promoted to salary grade 14 and above is 52 weeks.

FORM #	1	2	3	4	5	6
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Section II

	Unsatisfactory	Average	Above 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	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: Satisfactory Unsatisfactory

Areas that require development and suggestions to accomplish:

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:

<input type="checkbox"/> Permanency	Date: _____	
<input type="checkbox"/> Continue Probation	Date: _____	Return this form to HR by the date indicated on top
<input type="checkbox"/> 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)
<input type="checkbox"/> Termination	Date: _____	Employee to be reinstated to previous title/position

I have discussed this evaluation with employee 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.*