

PROBATIONARY EVALUATION REPORT – CLASSIFIED SERVICE EMPLOYEES

SECTION 1

Employee Name: _____ Official Job Title/Salary Grade: _____

Supervisor: _____ Date Appointed: _____

Department: _____ Line Number: _____

Initial Appointment: or Promotion:

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

The initial evaluation period for a new employee is every two (2) 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.

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SECTION 2

	UNSATISFACTORY	AVERAGE	ABOVE AVERAGE	NOT APPLICABLE	NOT OBSERVED
Check the appropriate box for each criteria listed. A negative report requires written documentation	Employee is not performing up to department standards	Employee is on 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 the job					
Appearance					
Punctuality					
Relations with Others					

Overall Evaluation	Satisfactory	Unsatisfactory

Comments REQUIRED FOR CATEGORIES MARKED AS “Above Average” or “Unsatisfactory”:

Areas that require development and suggestions to accomplish:

POLICIES:

The probationer's supervisor shall carefully observe the employee's 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 in Section 1
	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 the employee	YES	NO

If you have not discussed this evaluation with the employee, explain why:

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.