90-Day Performance Appraisal Form

This appraisal serves as a record of the employee's 90-day probationary period. Supervisors are expected to be candid and accurate in their employee evaluations. This appraisal will become a permanent part of the employee's personnel file.

| **Employee Name:** |  |
| --- | --- |
| **Department:** |  |
| **Job Title:** |  |
| **Supervisor:** |  |
| **Appraisal Period:** |  |
| **Appraisal date:** |  |

RATING SCALE

Use the following scale to rate employee’s work performance per evaluation factor in the next section:

| **5** | OUTSTANDING: Consistently exceeds job expectations |
| --- | --- |
| **4** | EXCEEDS EXPECTATIONS: Consistently above job expectations |
| **3** | MEETS EXPECTATIONS: Consistently meets job expectations |
| **2** | PARTIALLY MEETS EXPECTATIONS: Satisfies some, but not all, job expectations |
| **1** | UNSATISFACTORY: Substandard and falls short of job expectations [Employee at this level cannot be allowed to continue.] |
| **N/A** | NOT APPLICABLE: Not applicable to the job. |

EVALUATION FACTORS

Evaluate the employee based on the factors below, and rate using the scale in the previous section.

| **Factor** | **Rating** |
| --- | --- |
| **Work Quality:** Exhibits precision, thoroughness, and effectiveness  **Comment:** |  |
| **Flexibility:** Performs admirably under pressure, is adaptable, and views change as a positive opportunity  **Comment:** |  |
| **Initiative:** Establishes own constructive work practices, makes recommendations for new procedures and seeks innovative solutions to obstacles or problems.  **Comment:** |  |
| **Dependability:** Completes work on time and within deadlines, and adheres to plans and assignments.  **Comment:** |  |
| **Interpersonal Relations:** Cooperative, considerate, and tactful in interactions with supervisors, subordinates, and peers.  **Comment:** |  |
| **Organization:** The work is well-conceived, analyzed, and accurately executed.  **Comment:** |  |
| **Communication Abilities:** Clarifies and concisely expresses thoughts, both orally and in writing.  **Comment:** |  |
| **Embraces Diversity:** Promotes an inclusive work environment that values diversity and individual differences.  **Comment:** |  |
| **Dealing with Issues:** Deals with problems and seeks to resolve them constructively at his or her own level.  **Comment:** |  |
| **Resource Use:** Effectively and economically utilizes funds, personnel, and/or equipment.  **Comment:** |  |
| **Judgement:** Makes sound judgement and demonstrates an awareness of work-related factors when making decisions.  **Comment:** |  |
| **Growth and Development:** Attempts to enhance job-related competencies and seeks opportunities for professional development.  **Comment:** |  |

Any additional comments:

|  |
| --- |

RECOMMENDATION

Based on the evaluation scorecard above please indicate one of the following:

* The employee has passed the probationary period.
* The organization would like to extend the employee’s probationary period for [X] months to see if their performance will improve and meet the standards for the role.

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUIRED IMPROVEMENTS [Remove if not applicable]

If the employee’s probationary period has been extended, please write in detail the improvements expected of the employee or goals the employee must meet, and how the employer will support the employee in achieving these improvements.

|  |
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EMPLOYEE SIGN-OFF

My performance evaluation has been communicated to me. My supervisor has discussed and explained the rankings and comments in this review with me.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_