**Probationary Employee Quarterly Evaluation Form**

(Non-Law Enforcement)

*Supervisors are required to complete a probationary period EPMS for the fourth quarter review. Copies of quarterly reviews should be attached to the EPMS prior to submission to the Office of Human Resources.*

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| --- | --- | --- | --- |
| **Employee Name:** |      | **Personnel No.** |       |
| **Title:** |       | **Department:** |       |
| **Start Date:** | Click or tap to enter a date. | **Supervisor:** |       |
| **Review Period from:** | Click or tap to enter a date. | **To:** | Click or tap to enter a date. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **Excellent** | **Good** | **Fair** | **Unsatisfactory** | **Comments** |
| **Work Quality** | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **Dependability** | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **Initiative** | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **Flexibility** | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **Skill Building** | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **Job Knowledge** | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **Punctuality** | [ ]  | [ ]  | [ ]  | [ ]  |       |

**General Comments on Performance:**

**Goals for the next quarter:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed By:** |  | **Date:** | Click or tap to enter a date. |

|  |  |
| --- | --- |
| **Employee Signature:** |  |

*Employee signature only indicates receipt of quarterly review and is not necessarily in agreement.*