|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **End of Probation Evaluation**  Office of Human Resources  Campus Box 028  Milledgeville, Georgia 31061 | | | | | | | | | | |
| Employee Information | | | | | | | | | | | | | | | |
| Name: |  | | | | | ADP ID: |  | | | | | | | | |
| Hire Date: |  | | | | | Job Title: |  | | | | | | | | |
| Department: |  | | | | | | | | | | | | | | |
| The six-month probationary period (180 days) for the staff member identified above needs to be completed by                . This performance evaluation is designed to evaluate the employee’s work performance and to serve as a basis in determining whether employment will be continued.  Mark “S” for Satisfactory and “U” for Unsatisfactory. Complete the column appropriate to the employee. This evaluation should also take into account if the employee completed all mandatory trainings and certifications required during the probationary period. The appraisal should be discussed in detail with the employee. | | | | | | | | | | | | | | | |
| Job Performance Factors | | | | | | | | | | | | | | | |
| Hourly/Non-Exempt Employee | | | | Hourly/Non-Exempt Supervisor | | | | | Salary/Exempt Employee or Supervisor | | | | | | |
| Factor | | S | U | Factor | | | S | U | Factor | | | | S | U | |
| Quality of Work | |  |  | Quality of Work | | |  |  | Position Responsibilities | | | |  |  | |
| Quantity of Work | |  |  | Quantity of Work | | |  |  | Leadership | | | |  |  | |
| Customer Service | |  |  | Customer Service | | |  |  | Communication and Interpersonal Skills | | | |  |  | |
| Job Knowledge | |  |  | Job Knowledge | | |  |  | Problem Solving and  Decision Making | | | |  |  | |
| Teamwork | |  |  | Teamwork | | |  |  | Self-Management | | | |  |  | |
| Attendance and Dependability | |  |  | Attendance and Dependability | | |  |  | Customer Relations | | | |  |  | |
| Communication | |  |  | Communication | | |  |  | Teamwork | | | |  |  | |
| Self-Initiative | |  |  | Self-Initiative | | |  |  | Safety | | | |  |  | |
| Safety | |  |  | Safety | | |  |  | Employee Development (If applicable) | | | |  |  | |
|  | |  |  | Leadership | | |  |  |  | | | |  |  | |
|  | |  |  | Developing and Mentoring Employees | | |  |  |  | | | |  |  | |
|  | |  |  | Decision Making and Problem Solving | | |  |  |  | | | |  |  | |
| Evaluation Summary | | | | | | | | | | | | | | | |
| Employee successfully meets or exceeds probationary requirements and is recommended for regular continued employment. | | | | | | | | | | | |  | | | |
| Employee fails to meet probationary job requirement. (select reason below) | | | | | | | | | | | |  | | | |
| Recommend termination of employment (Consult with HR) | | | | | | | | | | | |  | | | |
| Recommend extension of probationary period (HR approval required) | | | | | | | | | | | |  | | | |
| Public Safety position | | | | | | | | | | | |  | | | |
| Leave of absence granted during probationary period (for extenuating circumstances) | | | | | | | | | | | |  | | | |
| Other (Attach supporting documentation) | | | | | | | | | | | |  | | | |
| Disciplinary Actions | | | | | | | | | | | | | | |
| If any prior disciplinary actions were issued within the probationary period, provide explanation below and attach appropriate documentation. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Employee Comments | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| I have read and discussed the evaluation with my supervisor. I am aware that an employee who has been discharged during the probationary period does not have any right to appeal this decision in accordance with Board of Regents policy - 8.2.21 Employment Appeals. | | | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | | | |
| Employee Signature | | | | | | | | | |  | Date | | | |
| Supervisor Comments | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| This evaluation is based on my observation of this employee during the probationary period. | | | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | | | |
| Supervisor Signature | | | | | | | | | |  | Date | | | |