

	<h1>Evaluation Form for Probationary Employees</h1> <h2>Forms and Templates</h2>		Document Number: FM-SS-05.08
	Department: Human Resource	Effective Date: September 18, 2018	Revision No 0

 	EVALUATION FORM FOR PROBATIONARY EMPLOYEES	DOCUMENT NO:	FM-SS-05.08
		EFFECTIVE DATE:	September 18, 2018
		REVISION NO:	0
		DEPARTMENT:	Human Resource

This form will be completed every 3rd and 5th month evaluation and annually thereafter by the employees' immediate leader. The supervisor may also ask the employee to complete a self-appraisal.

The leader's evaluation finalized with the employee, is to be reviewed and signed by the SBU Head. Once the review has been conducted, a copy is given to the employee, a copy retained by the supervisor, and the original sent to Human Resources.

Rate the employee's performance relative to the time in position by checking the most appropriate rating. Make an explanatory comment to support your rating, and where possible cite specific examples of behavior that led to rating. When performance does not meet expectations, list specific goals for improvement and the date you expect them to be achieved.


Rating:

1	-	Exceeds Expectation
2	-	Meets Expectation
3	-	Fair – needs improvement, more is expected
4	-	Does Not Meet Expectation

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EVALUATION FORM FOR PROBATIONARY EMPLOYEES					
Employee Name: Position Title: Job Level: Immediate Leader: Evaluation Period:			Date Hired: SBU: Department: Position Title: Over-all Rating:		
For each category, place a numerical rating (from 4 to 1, with 1 being the best possible score) in the appropriate space. Please consult the "Evaluation table" on the following page for a detailed description of each number.					
#	ATTRIBUTES	Weight	Rating	Score	Comments
1	ATTENDANCE AND PUNCTUALITY	10%		0	
2	APPEARANCE	5%		0	
3	ATTITUDE	15%		0	
4	INITIATIVE	10%		0	
5	QUALITY WORK	15%		0	
6	TEAMWORK (RELATIONSHIP)	5%		0	
7	PRODUCTIVITY	15%		0	
8	JOB KNOWLEDGE	15%		0	
9	COMMUNICATION	5%		0	
10	CUSTOMER SERVICE	5%		0	
TOTAL RATING		100%		0	
Employees Comments:					
Signature & Date:					
Leader's Comments:					
Signature & Date:					
Next Evaluation date:					
Goals by Next Evaluation:					

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EVALUATION TABLE					
#	ATTRIBUTES	1 – Exceeds Expectations	2 – Meets Expectations	3 – Fair, needs improvement	4 – Does not Meet Expectations
1	ATTENDANCE AND PUNCTUALITY	Always Early. Excellent record. Consistently present and on time.	Attendance and punctuality are good.	Irregular attendance. Has several questionable absences. Frequently late.	Absent / Late at least 3 times in a month (without a doctor's note).
2	APPEARANCE	Always looks the very best possible. Grooming is always neat and clean.	Grooming generally looks good. Appearance meets our expectations.	Grooming needs improvement. Takes a very little effort in appearance.	Wearing of grooming is poor. No effort at cleanliness or appearance.
3	ATTITUDE	The role model for attitude. Always polite, sincere and helpful. Exceptional enthusiasm at all times.	Accepts Direction & leadership easily and behaves in an acceptable manner.	Has uneven attitude towards direction & leadership. Is impulsive and temperamental.	Antagonistic toward any direction or leadership. Rude and insensitive.
4	INITIATIVE	Self-starter. Takes on/ completes new task on own initiative.	Proceeds with assigned responsibilities.	Requires extra supervision. Concerned with doing only as much as others.	Makes very little effort to get the job done. Waits to be told.
5	QUALITY WORK	Quality/ Quantity of work provided is exceptional. Exceeds our Company standards.	Quality / Quantity of work provided meets our expectations.	Frequently below our standards. Needs double checking and correcting.	Unacceptable. Does not meet our work standards.
6	TEAMWORK (RELATIONSHIP)	Extremely cooperative in working with others. Initiates and promotes teamwork in every area possible.	Maintains good relationship with co-workers. Satisfactory teamwork.	Looks out for own interest before co-workers.	Unwilling to work with or assist others. Fails to cooperate.
7	PRODUCTIVITY	Extremely Productive. Always use idle time to the fullest.	Meet the average goals. Use of idle time wisely.	Below average of goals. Never use the idle time productively.	Not productive at all. Bring the rest of the team down. Waste a lot of time.
8	JOB KNOWLEDGE	Possesses job knowledge that is demonstrated thorough understanding of how to perform regular work assignments	Demonstrates a basic understanding of all job knowledge skills	Requires above average level of supervision on most tasks to be effective. Accepts performance feedback and demonstrates a willingness to apply such information to improving performance.	Frequently requires assistance from supervisor or others in order to complete task due to lack of knowledge of applicable Procedures
9	COMMUNICATION	Communication skill is superior can deal with different kinds of people.	Communication skill is above average can deal with people	Communication skill is low having problem on dealing with people.	Communication skill is very low cannot deal with people.
10	CUSTOMER SERVICE	Deals with client politely and help them with problem solving extensively.	Deals with client politely and giving acceptable problem solving solution.	Below standards on dealing with clients problem and giving advice .	Very low and dealing with clients needs and problem solving.

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FEEDBACK TEMPLATE	
Name	Position
Leader	Date
Guide Questions	Answers
TO BE COMPLETED BY THE EMPLOYEE	
1. What do you believe were your accomplishments during the evaluation period?	
2. Describe your overall satisfaction with your job?	
3. What can the company do to improve your work and to assist you in achieving designated goals?	
EVALUATION COMMENTS	
Record any significant items presented by the employee or supervisor during the evaluation discussion.	
EMPLOYEE REVIEW	
Are there any other comments the employee may wish to make regarding the evaluation or evaluation process?	
FINAL RECOMMENDATION	


I have reviewed this evaluation and discussed the content with my supervisor. My signature means that I have been advised of my performance, and not that I agree or disagree with the evaluation.



Signature	Date Signed	EMPLOYEE'S NAME
Signature	Date Signed	LEADER'S NAME
Signature	Date Signed	SBU HEAD

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 	<h2 style="color: red;">COACHING LOG FORM</h2>		
	EMPLOYEE INFORMATION		
Employee Name:			
SBU:			
Department:			
Employment Status:			
Coaching Date:			
Coaching Session Details			
Coaching Objective: <input type="checkbox"/> correct <input type="checkbox"/> improve <input type="checkbox"/> maintain			
Behavior Description/Performance Issue:			
Other Observations:			
Successes/Effective Behaviors:			
Opportunities for Development:			
Employee's Inputs:			
Coached by:			
	Printed Name	Position	Signature/Date
Acknowledged by:			
	Employee Name	Position	Signature/Date

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