

MISSISSIPPI VALLEY STATE UNIVERSITY

Probationary Period Evaluation Form

Employee Name	Employee Number
Department	Employee's Title
Date of Hire	Last day of Probation

This form should be completed by the direct supervisor of the above-named employee. In rating the employee's performance, please check (√) each category at the point which best describes your observation of the employee's performance. Please comment on those categories that have been checked "unacceptable." Return completed form to Human Resources no later than 7 days prior to the end of the probationary period.

	Outstanding	Above Average	Average	Below Average	Unacceptable
Quantity of Work (Productivity)					
Quality of Work					
Knowledge of Job					
Response to Supervision					
Cooperation with Others					
Attendance and Reliability					
Initiative and Creativity					
Capacity to Develop					

Comments:

_____ The performance and/or conduct of the employee met expectations during the probationary period. The employee has successfully completed the probationary period.

_____ **The performance and/or conduct of the employee did NOT meet expectations during the probationary period and the employee will be terminated effective _____

Supervisor's Signature

Date

Senior Staff Member's Signature

Date

** Attach all necessary documentation