

THE UNIVERSITY OF RHODE ISLAND

NON-CLASSIFIED FINAL PROBATIONARY PERFORMANCE EVALUATION  
REPORT

Employee Name	<input type="text"/>
Title	<input type="text"/>
Department	<input type="text"/>
Supervisor	<input type="text"/>
Effective Date	<input type="text"/>
Evaluation Date	<input type="text"/>

INSTRUCTIONS:

The purpose of an evaluation is to review employee's performance in view of his/her particular job function in an effort to advise him/her on how his/her performance rates relative to the expectations of the supervisor and to indicate areas of improvement for the future.

Please be complete when commenting on the evaluation factors that follow. Use specific examples as much as possible to support your observations. If any of the factors do not apply to the job being evaluated, please indicate "n/a" following the description.

Please call Laura Kenerson X 4-5271 with any questions.

Employee Name:

## NON-CLASSIFIED FINAL PROBATIONARY PERFORMANCE EVALUATION REPORT

Support comments with specific examples. Indicate any areas requiring further improvement and document action plan and responsibility.

### EFFECT

To what degree are the objectives set forth in the employee's job description being met, given the restrictions of time and available resources?

  
  

### RELIABILITY

Can the employee be counted on for regular and prompt attendance, and for the completion of work assignments within a reasonable period of time?

  
  

### EFFORT

How conscientious and diligent is the employee in attempting to carry out the duties of his/her position?

  
  

### ADAPTABILITY

Does employee acquire such new skills and methods as required by redefinition of his/her job, restructuring of the organization or personnel changes in the hierarchy of the organization?

## COMMUNICATION

Does employee keep abreast of significant developments in the department, and keep his/her supervisor informed when necessary?


## CREATIVITY

Is employee imaginative, original and innovative in carrying out his/her assigned responsibilities, as well as suggesting organizational objectives and concerns and ways of dealing with them?


## INITIATIVE

Is employee "pro-active" rather than merely "reactive?" Does he/she perform tasks he/she knows needs to be done without waiting for specific orders or instructions from his/her supervisor?


## GROWTH

Does employee sharpen and add to the skills and knowledge required of persons in his/her field?


## INTELLECTUAL INDEPENDENCE

Is employee willing to challenge the assumptions, perceptions, beliefs and conclusions held by others in the organization--and especially his/her supervisor's-- when he/she thinks it is productive to do so?


## INTERPERSONAL RELATIONS

Is employee cooperative, considerate and tactful in his/her dealings with superiors, peers, subordinates, and students and the public?


## MANAGERIAL SKILLS

Is the employee expense and cost-conscious?


How well does the employee plan and conduct meetings?


How well does he/she delegate?


What level of interest and action has the employee taken in the development of subordinates?


GENERAL COMMENTS AND SUGGESTIONS FOR IMPROVEMENT, INCLUDING ASSIGNMENT OF PERSONNEL AND OTHER RESOURCES FOR ACTION?


Employee has successfully completed his/her probationary period and I recommend he/she be retained.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Reviewed and concurred by:

\_\_\_\_\_  
Title

Dean/Director (If different from above

Vice President/Provost

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Title    Date

\_\_\_\_\_  
Date

Employee has not met expectations during his/her probationary period. I do not recommend he/she be retained.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Title

Reviewed and concurred by:

\_\_\_\_\_  
Date

Dean/Director (If different from above)

Vice President/Provost

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Title    Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Signature does not necessarily indicate agreement with evaluation.

Approved:

\_\_\_\_\_  
Laura Kenerson, Director,  
Personnel Services

\_\_\_\_\_  
Date

COMMENTS:

Original to Office of Human Resource Administration

Copies to Employee and Supervisor