

THE UNIVERSITY OF RHODE ISLAND

NON-CLASSIFIED FINAL PROBATIONARY PERFORMANCE EVALUATION REPORT

Employee Name \_\_\_\_\_  
Title \_\_\_\_\_  
Department \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Effective Date \_\_\_\_\_  
Evaluation Date \_\_\_\_\_

**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 5271 with any questions.

Employee Name \_\_\_\_\_

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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

\_\_\_\_\_  
Title

Reviewed and concurred by:

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

\_\_\_\_\_  
Date

Reviewed and concurred by:

Dean/Director (If different from above)

Vice President/Provost

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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Employee Signature

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Date

Signature does not necessarily indicate agreement with evaluation.

Approved:

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Laura Kenerson

Director, Personnel Services

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Date

**COMMENTS:**

Original to Office of Human Resource Administration

Copies to Employee and Supervisor