

Pennsylvania State System of Higher Education

SUA Probationary Evaluation Form

**To:**

**From:**

**Subject:** -Month Probationary Employee Evaluation for \_\_\_\_\_\_\_\_\_\_

**Date:**

The employee listed above is currently serving a twelve-month probationary period in your department. A probationary period is a preliminary period of employment for the purpose of determining the suitability of an individual for continued employment. Each supervisor is to meet regularly with probationary employees to provide on-the-job instruction, establish performance standards, commend good work, and discuss areas where work needs improvement.

SUA employees are to receive written employee evaluations regarding their performance in the third, sixth, ninth, and twelfth months of their probationary period. This employee’s \_\_\_\_\_ month will end on \_\_/\_\_/\_\_\_\_. Use your discussions with this employee, along with your observations of the employee’s work, as your basis for completion of the information below.

Please review this information with the employee, obtain all signatures as indicated and return the original signed document to Human Resources with a copy forwarded to the reviewing officer. Please keep a copy of the completed evaluation for your files.

Near the completion of the probationary period, you will complete a Performance Development Report (PDR), which will offer an opportunity to provide feedback, establish goals, and address areas needing improvement.

Feel free to contact Human Resources at extension x4415 if you have questions about this evaluation.

**The employee’s performance** □ meets job standards □ falls below job standards for this time period

Comments (continue on additional paper):

Areas in Need of Improvement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Title Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor’s Signature Title Date

Return completed original to Office of Human Resources for placement in the employee’s personnel file and a copy to the reviewing officer and the employee.