



90-Day Introductory Period Evaluation

Employee Name _____

Position Title _____ **Department/Division** _____

Date of Hire _____ **Anniversary of 90-day Introductory Period** _____

Manager's Name _____

The employee's manager is asked to complete this written evaluation prior to the anniversary of the 90-day Introductory Period and return the signed original to the Office of Human Resources. Ratings should not be given in the Assessment Comments section; instead, comments on the employee's progress and areas to continue development should be provided.

		Assessment Comments
Work Quality	Accuracy, neatness, effective use of resources: thorough and complete tasks and projects. Uses good safety practices.	
Accountability	Accepts responsibility for work quality, quantity and timeliness; able to work independently with minimal direction. Able to bring projects to closure.	
Communication Skills	Communicates ideas, opinions, and instructions in a clear, well-organized, and concise manner. Hears and understands other points of view. Makes effective presentations when required.	
Interpersonal Skills/Cooperation	Deals positively and effectively on a collaborative basis with co-workers, users, supervisors, students, outside contacts, and visitors. Functions as a member of a team. Treats others with respect and courtesy.	
Dependability	Can be counted on to be present when needed. Good attendance and punctuality. Can be relied on to complete tasks on time. Fulfills obligations and commitments with minimal supervision.	

Resourcefulness / Problem Solving	Shows initiative and creativity in problem solving situations. Develops new ideas and suggestions; Looks for new challenges and ideas. Demonstrates flexibility as priorities change.	
Decision Making and Judgment	Evaluates facts and demonstrates effective decision making to reach a sound conclusion. Uses good judgment in anticipating the impact of the decision	
Management/Supervisory Responsibilities	Obtains desired objectives through the work of others; selects, trains, and directs staff; supports University-level objectives and initiatives.	

Overall Assessment: The manager is asked to select one of the following options. Please connect with the Office of Human Resources if either the second or third option applies.

1. _____ demonstrates satisfactory development in this new position.
Employee Name
2. _____ has not satisfactorily completed the 90-day introductory period.
Employee Name
3. I recommend that _____'s 90-day introductory period be
Employee Name
extended for an additional 90 days and be reevaluated on _____.
Date

Manager's Signature: _____ Date: _____

Employee Comments: (optional)

I acknowledge receipt of this evaluation.

Employee's Signature _____ Date: _____