

# MARSHALL COUNTY

## PROBATIONARY PERIOD EMPLOYEE PERFORMANCE APPRAISAL & COUNSELING FORM

(PLEASE READ OTHER SIDE BEFORE COMPLETING)

### EMPLOYEE INFORMATION

Name:		Employee #		Date	
Job Title:		Department			

Probationary Review Type:	New Hire	Promotion	Transfer	Demotion
---------------------------	----------	-----------	----------	----------

Period of Review:	30-Day Report	90-Day Report	Final Report ( <i>Complete Recommendation Section</i> )
-------------------	---------------	---------------	---

**Hire/Event Date:** \_\_\_\_\_ *This Report Should Be Completed and Discussed with the Employee No Later Than:* \_\_\_\_\_

### RATING OF EMPLOYEE

Performance Category	Rating	Comments and Examples
<b>Quality of Work:</b> <i>Work is completed neatly, accurately (few or no errors), efficiently and within deadlines with minimum supervision.</i>	Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory	
<b>Quantity of Work:</b> <i>Employee demonstrates a commitment toward achieving results. Tasks are completed efficiently and effectively.</i>	Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory	
<b>Dependability:</b> <i>Employee can be relied upon to complete assigned tasks. Reports for work on time, provides advance notice of need for absence.</i>	Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory	
<b>Cooperation</b> - <i>Employee demonstrates a willingness to work with associates, subordinates, supervisors, and others. Responds willingly to changes to procedure, process, responsibility, and assignments.</i>	Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory	
<b>Initiative/Flexibility</b> - <i>Employee demonstrates an ability to think and act independently. Originates ideas and methods to improve job or complete tasks better. Adjusts well to unpredicted changes.</i>	Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory	

**RECOMMENDATION:** (Only complete this section on the Final Report or if the employee is involuntarily terminated)

1. Do you recommend that this Probationary Period Employee be continued as a Regular Full-Time employee, and/or given Merit Status? \_\_\_ YES \_\_\_ NO
2. If no, why should employee be released or returned to previous position (if available)?

**SIGNATURES:** (Please see back of form if you wish to make additional comments)

Rating Supervisor \_\_\_\_\_ Date Signed \_\_\_\_\_ Rater's Comments Attached \_\_\_\_\_

Reviewing Supervisor \_\_\_\_\_ Date Signed \_\_\_\_\_ Reviewing Supervisor's Comments Attached \_\_\_\_\_

Employee (*Denotes discussion, not necessarily agreement*) \_\_\_\_\_ Date Signed \_\_\_\_\_ Employee's Comments Attached \_\_\_\_\_

**MARSHALL COUNTY**

**PROBATIONARY PERIOD EMPLOYEE PERFORMANCE APPRAISAL  
AND COUNSELING FORM**

**INSTRUCTIONS FOR COMPLETION**

**(PLEASE TYPE, OR USE BLACK OR BLUE INK TO COMPLETE THIS FORM)**

**TO EMPLOYEES AND RATING SUPERVISORS: PLEASE READ CAREFULLY**

The probationary period is an important stage in the selection process of employees. Periodic work performance reviews should occur between the probationary employee and his/her supervisor. Every employee has a right to know how well the supervisor thinks he/she is performing on the job. By the end of the probationary period, the supervisor should have confidence that the probationary employee meets standards, at the minimum, before making a recommendation for regular status.

1. Probationary reports should be completed and discussed with the employee as follows:
  - a. At the end of the first month of employment
  - b. At the end of 90 days of employment
  - c. Not less than 10 days before the end of the sixth month of employment (Final Report)
  - d. **At any time that a probationary employee is terminated involuntarily**
2. The Narrative Comments section is provided for expansion of the information provided through the Rating Factors as well as writing any other narrative which would be beneficial.
3. The employee's performance, strengths, areas for improvement, etc. are to be discussed with the employee and his/her signature obtained on the form. Please note that the employee's signature denotes discussion, not necessarily agreement with the contents of the evaluation.
4. The original of the form should be forwarded to the Marshall County Personnel Board office. The department doing the appraisal should keep one copy and a copy should be given to the employee (these copies should include a copy of all attachments to the appraisal form).

---

**THE RATING SUPERVISOR, THE EMPLOYEE OR THE REVIEWING SUPERVISOR MAY SUBMIT WRITTEN COMMENTS REGARDING THIS PROBATIONARY APPRAISAL. IF COMMENTS ARE ATTACHED TO THIS FORM, IT MUST BE INDICATED ON THE APPROPRIATE LINE IN THE SIGNATURE SECTION. ADDITIONAL SHEETS MAY BE ATTACHED IF NEEDED. ALL ATTACHED SHEETS MUST BE SIGNED AND DATED BY THE PERSON MAKING THE ATTACHMENT.**

---

**NARRATIVE COMMENTS**