

# PROBATION PERIOD ASSESSMENT FORM

**FOR PPWC STAFF**

Employee Name:	Position:
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Department:	Competition Number:
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Is the Employee new to Selkirk College? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Employee in a new Position? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Probationary Period						
Year	Month	Date	To	Year	Month	Date

The purpose of this assessment is to provide feedback to employees who are new to a position on how well they are progressing, to communicate expectations and standards and, if necessary, to give them the opportunity to improve their performance prior to the end of the probationary period. The key to this process is clear communication between the Manager and the employee.

It is the responsibility of the Manager to:

- establish and communicate expectations, standards or objectives for the work to be done;
- periodically review progress with the new employee regarding how well expectations are being met;
- maintain on-going documentation of performance; and
- make a determination regarding the employee's suitability for the position.

The Manager will rate the employee as either satisfactory or unsatisfactory, based on the following criteria:

1. **Satisfactory (S): Performance meets expectations and all requirements of the job.** While there are still areas for development, there are no concerns about the individual's ability in the performance of his/her job.
2. **Unsatisfactory (U-S) : Performance does not meet expected standards and requirements of the job.** Significant improvement is needed. When this rating is given it is a warning that an employee's job may be in jeopardy if performance continues at the current level.

Performance Assessment				
RATING: Select the appropriate box to insert a check mark	First Evaluation		Final Evaluation	
	S	U-S	S	U-S
<b>Core Capabilities:</b> Has a positive attitude and has productive relationships with others; displays interpersonal skills; is continuously looking for improvements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examples/Comments to support decision:				
<b>Customer Service Orientation:</b> Follows through on commitments to resolve client issues and needs in a timely manner; takes initiative to uncover client needs; responds in a positive manner to the needs of internal and external clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examples/Comments to support decision:				

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FOR EXEMPT STAFF

Performance Assessment				
RATING: Select the appropriate box to insert a check mark	First Evaluation		Final Evaluation	
	S	U-S	S	U-S
<b>Quality &amp; Quantity of work:</b> Produces an acceptable level of work in a timely and consistent manner; is accurate and thorough; consistently meets deadlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examples/Comments to support decision:				
<b>Decision Making &amp; Judgment:</b> Analyzes and solves problems; accountable and takes responsibility for decisions taken; is effective and flexible; consults others when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examples/Comments to support decision:				
<b>Organizational Ability:</b> Plans work and organizes its completion; is able to cope with a variety of activities and distractions; is able to establish priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examples/Comments to support decision:				
<b>Punctuality Assessment:</b> Consistently arrives to work on time; observes proper timekeeping for breaks and leaving work; attends work regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examples/Comments to support decision:				
<b>Initiative:</b> Uses independent judgement and innovation within his/her limits of authority; uses time effectively and productively; requires minimal supervision to complete tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examples/Comments to support decision:				
<b>Job Knowledge:</b> Understands and applies his/her knowledge of the techniques, methods and skills involved in the job; complies with health and safety rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examples/Comments to support decision:				
Areas for development. Required improvements				

In signing this form, I am indicating that I have read the assessment and discussed it with my Supervisor. My signature does not necessarily signify that I agree with the evaluation, but that the evaluation has been reviewed with me.

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

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Year / Month / Date

\_\_\_\_\_  
Year / Month / Date