30-, 60-, 90-Day Performance Evaluation

Evaluation Period: 30-Day ☐ 60-Day ☐ 90-Day ☐
(please check one box)

Date of Evaluation Meeting: Click or tap to enter a date.

Name Employee Name (Last, First):	**Employee Number**:
Department:	**Position/Job Title**:
Time in Present Position:	**Supervisor Name**:

PURPOSE

The purpose of a 30-, 60-, and 90-day probationary evaluation is as a tool to encourage frequent two-way conversations between the supervisor and employee regarding progress, underscore the expectations of the position, maximize the employee's opportunity to become a successful performer, and determine next steps towards the employee's employment future. This tool is to be used for new hire employees, but can also be used for employees who move to a new position, whether as a transfer to another position or promotion.

TO THE SUPERVISOR

- The evaluation will be considered confidential and should be discussed in detail with the employee.
- For the employee, supervisor, and the University to gain the most from this tool, supervisors are highly encouraged to take advantage of the 30-,60-, 90-day practice of evaluation to better engage with the employee.
- Please submit the completed and signed 90-day evaluation form to Human Resources by clicking **HERE**.
- The 30- and 60-day evaluations are optional, though highly recommended, and not required to be sent to HR **unless** there is a performance problem documented.

PART I: EMPLOYEE REVIEW

Question	Employee Comment
1. What accomplishments, this evaluation period, are you most proud of?	
2. What personal strengths enabled you to reach those accomplishments?	
3. What has been most challenging for you in this position? Any barriers?	
4. How can your supervisor (and team) better support you becoming successful in your position?	

PART II: SUPERVISOR REVIEW

Job Competencies and Description	SUPERVISOR Rating and Comment
A. Productivity (e.g. demonstrates commitment to producing work that meets departmental standards/goals, ensures consistency and accuracy in result/output, etc.)	Meets ☐ Does Not Meet ☐ Not Observed ☐ (please check one box)
B. Initiative (e.g. shows great energy in tackling challenges related to assigned tasks, demonstrates accountability for own learning, works well without any supervision, etc.)	Meets ☐ Does Not Meet ☐ Not Observed ☐ (please check one box)
C. Dependability (e.g. demonstrates satisfactory attendance, reports to work and meetings as scheduled, etc.)	Meets ☐ Does Not Meet ☐ Not Observed ☐ (please check one box)
D. Cooperativeness / Teamwork (e.g. works well with others, willingness to share expertise and information with others, demonstrates a collaborative aptitude, etc.)	Meets ☐ Does Not Meet ☐ Not Observed ☐ (please check one box)
E. Adaptability (e.g. constructively acts and adjusts due to feedback or change, performs under pressure, handles multiple assignments, etc.)	Meets ☐ Does Not Meet ☐ Not Observed ☐ (please check one box)
F. Compliance / Safety (e.g. speaks up about all risks of harm, adheres to all safety guidelines, participates in all mandatory training, etc.)	Meets ☐ Does Not Meet ☐ Not Observed ☐ (please check one box)
G. Collegial / Inspires Trust (e.g. encourages and contributes to a work environment that is welcoming to all, treats all individuals with courtesy, dignity, and respect, etc.)	Meets ☐ Does Not Meet ☐ Not Observed ☐ (please check one box)

H. Overall Rating

(please check one box)

Employee successfully meets or exceeds requirements. ☐ Employee fails to meet probationary job requirements. ☐

I. Supervisor Comments

Please add feedback regarding performance/rational for ratings. All ratings of "does not meet" or "not observed" require comments.

J. Recommendation

(please check one box)

- Recommend completion of probation period. ☐
- Recommend 30-day extension of probation period for additional observation time. ☐
- Recommend employee be terminated (must be approved by HR Employee Relations). ☐

***Note*: If employee is rated overall as "fails to meet probationary job requirements", the supervisor must not recommend completion of the probation period but contact the HR Employee Relations Director to collaborate on the best recommendation for the employee and next steps.**

PART III: NEXT EVALUATION PERIOD AGREEMENT

(To be completed only if the recommendation is "completion of probation period")

This part of the form describes what job competencies (based on role), performance goals (work-related), and development plan (training) are expected for annual evaluation period of (fill in the blank). (EX. 2025 – 2026)

Refer to the *Staff Performance Evaluation Process* website for additional assistance regarding the annual evaluation.

A. Core Competencies ((1) Belonging & (2) Compliance / Safety)

Objectives	

B. Job Competencies & Responsibilities (Minimum of 2 | Maximum of 5 Competencies)

Competencies to Demonstrate	

C. Individual Performance Goals (Minimum of 2 | Maximum of 5 Goals)

Goals & Expected Outcomes	

D. Development Plan

Goals & Expected Outcomes	

PART IV: SIGNOFFS

Employee: (1) I have read and discussed the evaluation of my first 90-day performance and expectations for the next evaluation period with my supervisor.
(2) I realize that if I wish to do so, I may submit a written statement about this evaluation to the Human Resources Department within five (5) days of the signoff date by clicking **HERE**.

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Employee's Signature _____ **Date** Click or tap to enter a date.

Supervisor's Signature _____ **Date** Click or tap to enter a date.

Supervisor or designated person should submit the completed and signed 90-day evaluation form to Human Resources via Qualtrics by clicking HERE.