

PROBATIONARY PERIOD - EVALUATION REPORT

(CORRECTION OFFICER AND NON-PROFESSIONAL CIVILIAN POSITIONS)

INSTRUCTIONS: Distribute as follows: original to Personnel folder, copy to employee

EMPLOYEE	TITLE
FACILITY/OFFICE	IMMEDIATE SUPERVISOR
DATE OF PERMANENT APPOINTMENT	DURATION OF PROBATIONARY PERIOD
REPORT FOR PERIOD OF ____/____/____ TO ____/____/____	8-26 WEEKS <input type="checkbox"/> 26-52 WEEKS <input type="checkbox"/> 12-52 WEEKS <input type="checkbox"/> OTHER <input type="checkbox"/>

NOTE TO EVALUATOR: Please check all applicable choices

RESOURCEFULNESS

- | | |
|---|---|
| <input type="checkbox"/> Lacks understanding of the overall job
<input type="checkbox"/> Suggests changes to improve procedures
<input type="checkbox"/> Usually effective in settling differences
<input type="checkbox"/> Usually finds ways and means of dealing with emergencies
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Unwilling to accept responsibility
<input type="checkbox"/> Lacks self-confidence
<input type="checkbox"/> Skillful in handling difficult situations |
|---|---|

QUANTITY OF WORK

- | | |
|---|---|
| <input type="checkbox"/> Must be prodded to meet goals
<input type="checkbox"/> Exceeds projected goals
<input type="checkbox"/> Completed work shows good care and judgement
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Frequently falls behind schedule
<input type="checkbox"/> Keeps work up to schedule |
|---|---|

WORK HABITS

- | | |
|---|--|
| <input type="checkbox"/> Work must be carefully checked, needs constant direction
<input type="checkbox"/> Willing worker at all times
<input type="checkbox"/> Can always be depended upon to complete assignment properly
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Has difficulty following prescribed procedures
<input type="checkbox"/> Adapts easily to different job assignments |
|---|--|

RELATIONSHIP WITH OTHERS

- | | |
|---|---|
| <input type="checkbox"/> Lacks confidence when confronted by inmates
<input type="checkbox"/> Receives constructive criticism well
<input type="checkbox"/> Works well with others
<input type="checkbox"/> Effectively handles situations with inmates
<input type="checkbox"/> Tactful in dealing with peers, supervisors, and subordinates
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Often antagonizes others with whom he/she comes in contact
<input type="checkbox"/> Overly aggressive when confronted by inmates
<input type="checkbox"/> Should be more considerate of others |
|---|---|

QUALITY OF WORK

- | | |
|--|---|
| <input type="checkbox"/> Work is generally unacceptable
<input type="checkbox"/> Work is consistently of high quality
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Completed work shows need for improvement
<input type="checkbox"/> Work is generally acceptable |
|--|---|

CONTINUED ON THE BACK

ATTENDANCE AND PUNCTUALITY (Supervisor: Plead review "Time Use Summary" on bottom of this page prior to completion of this section)

- | | |
|---|--|
| <input type="checkbox"/> Frequently absent from work without prior approval | <input type="checkbox"/> Frequently tardy reporting for work assignments |
| <input type="checkbox"/> Is rarely absent from work | <input type="checkbox"/> Is rarely tardy |
| <input type="checkbox"/> Occasionally absent of tardy | <input type="checkbox"/> Other _____ |

OVERALL RATING

- Excellent
 Good
 Fair
 Unsatisfactory

ADDITIONAL COMMENTS BY SUPERVISOR

Please provide any other information regarding this employee which is pertinent. Attach any relevant reports or documents.

RECOMMENDATION

(Not final until approved by Central Office Personnel)

- Continuation of Probationary Status
 Permanent Retention (Final Report Only)
 Termination

PROBATIONARY PERIODS WILL BE EXTENDED TO THE MAXIMUM

I HAVE DISCUSSED THIS REPORT IN DETAIL WITH THE EMPLOYEE AND GIVEN THE EMPLOYEE A COPY

Immediate Supervisor's Signature

Title

Date

COMMENTS BY REVIEWER

REVIEWED

Facility/Division Head's/Regional Director's Signature

Title

Date

COMMENTS BY EMPLOYEE

Employee's Signature

Date

TIME USE SUMMARY

The probationary period will be extended by all absences (except military leave and holidays) if absent more than 20 days for 26-52 week probationary periods or 10 days for 8-26 week probationary periods. Probationary periods may be extended for absences of less than the number of days specified above at the discretion of the appointing authority.

DAYS USED	THIS PERIOD	TOTAL
ANNUAL LEAVE		
PERSONAL LEAVE		
SICK LEAVE		
WORKER'S COMP.		
TARDY (HRS.)		
OTHER (SPECIFY)		