

PROVISIONAL/TEMPORARY APPOINTMENT - 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 PROVISIONAL/TEMPORARY 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	
<u>RESOURCEFULNESS</u>	
<input type="checkbox"/> Lacks understanding of the overall job	<input type="checkbox"/> Unwilling to accept responsibility
<input type="checkbox"/> Suggests changes to improve procedures	<input type="checkbox"/> Lacks self-confidence
<input type="checkbox"/> Usually effective in settling differences	<input type="checkbox"/> Skillful in handling difficult situations
<input type="checkbox"/> Usually finds ways and means of dealing with emergencies	
<input type="checkbox"/> Other _____	
<u>QUANTITY OF WORK</u>	
<input type="checkbox"/> Must be prodded to meet goals	<input type="checkbox"/> Frequently falls behind schedule
<input type="checkbox"/> Exceeds projected goals	<input type="checkbox"/> Keeps work up to schedule
<input type="checkbox"/> Completed work shows good care and judgement	
<input type="checkbox"/> Other _____	
<u>WORK HABITS</u>	
<input type="checkbox"/> Work must be carefully checked, needs constant direction	<input type="checkbox"/> Has difficulty following prescribed procedures
<input type="checkbox"/> Willing worker at all times	<input type="checkbox"/> Adapts easily to different job assignments
<input type="checkbox"/> Can always be depended upon to complete assignment properly	
<input type="checkbox"/> Other _____	
<u>RELATIONSHIP WITH OTHERS</u>	
<input type="checkbox"/> Lacks confidence when confronted by inmates	<input type="checkbox"/> Often antagonizes others with whom he/she comes in contact
<input type="checkbox"/> Receives constructive criticism well	<input type="checkbox"/> Overly aggressive when confronted by inmates
<input type="checkbox"/> Works well with others	<input type="checkbox"/> Should be more considerate of others
<input type="checkbox"/> Effectively handles situations with inmates	
<input type="checkbox"/> Tactful in dealing with peers, supervisors, and subordinates	
<input type="checkbox"/> Other _____	
<u>QUALITY OF WORK</u>	
<input type="checkbox"/> Work is generally unacceptable	<input type="checkbox"/> Completed work shows need for improvement
<input type="checkbox"/> Work is consistently of high quality	<input type="checkbox"/> Work is generally acceptable
<input type="checkbox"/> Other _____	

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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

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> 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)
- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Continuation Evaluation | <input type="checkbox"/> Retention Recommended (Final Report Only) | <input type="checkbox"/> Termination |
|--|--|--------------------------------------|

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

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