EMPLOYEE PROBATION FORM
Human Resources Department
FORDHAM UNIVERSITY

DEPARTMENT: ___________________________ MANAGER: ___________________________
DATE: ___________________________ EMPLOYEE: ___________________________

The above-named employee’s probationary period (60 working days) will end on __________.
Please review and evaluate the employee’s proven and observable on-the-job performance. Upon
completion, check your ratings and discuss your comments with the employee. Encourage him/her to
respond either verbally and/or in writing.

Kindly state below your overall evaluation taking into consideration the most important factors of the job.

[  ] Above average – Often performs beyond normal job requirements.
[  ] Satisfactory – Fulfills normal job requirements.
[  ] Less than satisfactory – Generally performs below job requirements, but
with anticipated improvements, could meet the requirements.
[  ] Unacceptable – Performance is consistently unsatisfactory in critical
areas. Marked improvement is necessary for continued improvement.

Please answer the following question:
1. Do you wish to retain this employee? Yes [  ] No [  ]

Comments/Supporting Information: ____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

_____________________________________________________
Department Head                                     Date

My supervisor has met with me to discuss my performance. (Attach page with additional comments.
_____________________________________________________
Employee                                           Date

Please complete and return this form to Human Resources no later than: _____________