



EMPLOYEE PROBATION FORM

Human Resources Department

FORDHAM UNIVERSITY

Clerical _____
Maintenance _____
Transfer _____
New _____

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: _____