

**PROBATIONARY EMPLOYEE PERFORMANCE PLAN (30/90 DAY)**

Name \_\_\_\_\_ Staff ID# \_\_\_\_\_

Position Title \_\_\_\_\_ Position # \_\_\_\_\_

Program \_\_\_\_\_ Division \_\_\_\_\_

The following **performance objectives** are established by the immediate supervisor for an employee within 30 days of the employee entering a position, and are used in completing the probationary period evaluation.

|                            |                              |                                       |   |
|----------------------------|------------------------------|---------------------------------------|---|
| 1. _____<br>_____<br>_____ | DEFICIENT<br><br>3 Mos. ____ | MEETS<br>STANDARDS<br><br>3 Mos. ____ | EXCEEDS<br>STANDARDS<br><br>3 Mos. ____ |
| 2. _____<br>_____<br>_____ | DEFICIENT<br><br>3 Mos. ____ | MEETS<br>STANDARDS<br><br>3 Mos. ____ | EXCEEDS<br>STANDARDS<br><br>3 Mos. ____ |
| 3. _____<br>_____<br>_____ | DEFICIENT<br><br>3 Mos. ____ | MEETS<br>STANDARDS<br><br>3 Mos. ____ | EXCEEDS<br>STANDARDS<br><br>3 Mos. ____ |
| 4. _____<br>_____<br>_____ | DEFICIENT<br><br>3 Mos. ____ | MEETS<br>STANDARDS<br><br>3 Mos. ____ | EXCEEDS<br>STANDARDS<br><br>3 Mos. ____ |
| 5. _____<br>_____<br>_____ | DEFICIENT<br><br>3 Mos. ____ | MEETS<br>STANDARDS<br><br>3 Mos. ____ | EXCEEDS<br>STANDARDS<br><br>3 Mos. ____ |
| 6. _____<br>_____<br>_____ | DEFICIENT<br><br>3 Mos. ____ | MEETS<br>STANDARDS<br><br>3 Mos. ____ | EXCEEDS<br>STANDARDS<br><br>3 Mos. ____ |
| 7. _____<br>_____<br>_____ | DEFICIENT<br><br>3 Mos. ____ | MEETS<br>STANDARDS<br><br>3 Mos. ____ | EXCEEDS<br>STANDARDS<br><br>3 Mos. ____ |

These performance objectives should be referenced by the employee and the supervisor throughout the probationary period for guidance and job performance feedback.

Employee's Signature (30 Day Review of Objectives) \_\_\_\_\_ Date \_\_\_\_\_ Employee's Signature (90 Day Evaluation) \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature (30 Day Review of Objectives) \_\_\_\_\_ Date \_\_\_\_\_ Supervisor's Signature (90 Day Evaluation) \_\_\_\_\_ Date \_\_\_\_\_

Reviewer's Signature (90 Day Evaluation) \_\_\_\_\_ Date \_\_\_\_\_

**(After 90 Day signatures are obtained, forward to HR for filing in central personnel file.)**