

University of North Texas Health Science Center Staff Probationary Evaluation

**Employee Information:**

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
 Employee ID: \_\_\_\_\_ Position ID: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Supervisor ID: \_\_\_\_\_  
 Department: \_\_\_\_\_

6-month probationary period (180 days), beginning \_\_\_\_\_ and ending \_\_\_\_\_.

It is important for the supervisor to analyze the qualifications of a new employee in order to encourage the development of those employees who demonstrate potential and avoid the retention of those who may be undesirable for the position. Please complete this form by marking the boxes which best describe the employee. Be sure to discuss your evaluation with your employee and return this form to Human Resource Services.

	<b>Unsatisfactory</b>	<b>Developing/ Needs Improvement</b>	<b>Proficient / Meets Requirements</b>	<b>Exceeds Requirements</b>	<b>Highly Accomplished</b>
<b>Knowledge of Work –</b> <i>Demonstrates specific knowledge related to job description and can perform assigned responsibilities.</i>					
<b>Learning Ability –</b> <i>Demonstrates the ability to take appropriate action and is efficient and resourceful in meeting job objectives.</i>					
<b>Customer Service –</b> <i>Anticipates, listens to, understands, and responds to customer needs (internal and external). Reacts to questions and issues with an attitude of support and problem-solving.</i>					
<b>Teamwork –</b> <i>Is a productive team member, participating in discussions, adding knowledge to the team, and following through on group assignments in a timely manner.</i>					
<b>Communication –</b> <i>Demonstrates good written and verbal communication to supervisors, peers, and customers in a timely manner.</i>					

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**Should employment be continued?**                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Supervisor comments (if any):

Employee Comments (if any):

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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Department Chair/Head \_\_\_\_\_ Date \_\_\_\_\_

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Human Resource Services Representative \_\_\_\_\_ Date \_\_\_\_\_