

# JACKSON STATE UNIVERSITY

## Employee Six-Month Probationary Evaluation

Employee Name \_\_\_\_\_ J-Number \_\_\_\_\_ Job Title \_\_\_\_\_

Department/Division \_\_\_\_\_ Employment Date \_\_\_\_\_ Date Assigned to Current Position \_\_\_\_\_

This rating sheet provides a practical method through which the ability of the individual can be judged with a reasonable degree of accuracy and uniformity. Check the box which most adequately describes overall performance. Keep in mind that in spite of an individual's performance characteristic being either exemplary or poor, the overall performance may be somewhat different.

- Superior** Consistently exceeds job requirements; this is the highest level of performance that can be attained.
- Exceeds Expectations** Frequently exceeds job requirements; all planned objectives were achieved above the established standards and accomplishments were made in unexpected areas as well.
- Meet Expectations** Able to perform 100% of job duties satisfactorily. Normal guidance and supervision are required.
- Needs Improvement** Occasionally fails to meet job requirements; performance must improve to meet expectations of position.
- Unacceptable** Consistently fails to meet job requirements; performance clearly below minimum requirements.

PERFORMANCE CHARACTERISTICS	EXCEPTIONAL	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	NEEDS IMPROVEMENT	UNACCEPTABLE
<b>Knowledge of Job</b> A clear understanding of facts or factors pertinent to the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Quality of Work</b> Thoroughness, accuracy and neatness of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependability</b> Conscientious, responsible, reliable with respect to work completion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cooperation</b> Ability and willingness to work with associates, superiors and others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initiative</b> Contribution on new ideas, ability to work independently toward approved goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Attendance</b> Appropriate use of leave, consideration of work load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Punctuality</b> Prompt, appropriate notification of tardiness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Productivity</b> Demonstrated accomplishments, volume of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supervisory Ability</b> Ability to lead and team build, Commitment to Affirmative Action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**JACKSON STATE UNIVERSITY**  
**Employee Six-month Probationary Evaluation**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
J-Number

\_\_\_\_\_  
Job Title

1. How long has this person been under your supervision?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What do you consider to be the employee's strongest point(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you consider to be the employee's weakest point(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What steps are being taken to correct weaknesses, if any?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List major goals for next six months evaluation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Give a brief summary of employee's overall performance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
J-Number

\_\_\_\_\_  
Job Title

**SIGNATURES**

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

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Please submit a signed copy of the six-month probationary evaluation to the Department of Human Resources within 7 days after date of completion.