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| **CENTRAL MICHIGAN UNIVERSITY PROBATIONARY EMPLOYEE EVALUATION** |
| **EMPLOYEE DATA:** |
| Employee’s Name: | Employee Group: | CMU ID#: |
|   | Select One |   |
| Supervisor’s Name: | Department : |
|   |   |
| **EVALUATION PERIOD** *(select one evaluation period for the correct employee group below)***:** |
|  Supervisory Technical – ST (MEA) | [ ]  30-days | [ ]  60-days | [ ]  90-days |
|  Public Broadcasting – BR (NABET) | [ ]  30-days | [ ]  60-days | [ ]  90-days |
|  Service Maintenance – SM (AFSCME) | [ ]  45-working days | [ ]  90-working days |
|  Office Professionals – OP (UAW) | [ ]  45-days | [ ]  90-days |
|  Dispatchers – DS (CMUDA) | [ ]  6-months | [ ]  12-months |
|  Police Officers – PD (POAM) | [ ]  6-months | [ ]  12-months |
|  Sergeants – SG (FOPLC) | [ ]  6-months | [ ]  12-months |
|  Professional & Administrative – P&A | [ ]  6-months | [ ]  12-months |
| **AREAS OF EVALUATION** | **Yes** | **No** | **Needs Improvement** |
| **WORK OUTPUT:** Accomplishes assigned work of a specified quality within a specified period. |[ ] [ ] [ ]
| Supervisor’s Comments: |   |
|  |
| **TECHNICAL COMPETENCE:** Applies technical skills and knowledge in the performance of assigned work. |[ ] [ ] [ ]
| Supervisor’s Comments: |   |
|  |  |
| **HUMAN RELATIONS:** Develops and maintains positive and productive relationships with others in accomplishing assigned work. |[ ] [ ] [ ]
| Supervisor’s Comments: |   |
|  |  |
| **ATTENDANCE:** Punctual, schedules absences well in advance, minimizes unscheduled absences. |[ ] [ ] [ ]
| Supervisor’s Comments: |   |
|  |  |
| **WORK SAFETY:** Demonstrates awareness of and compliance with established workplace safety practices. |[ ] [ ] [ ]
| Supervisor’s Comments: |   |
|  |  |
| **UNSATISFACTORY PROBATIONARY REVIEW** *(contact HR-Employee Relations @ 774-6447 no later than* ***10 days prior*** *to end of probationary period and* ***PRIOR TO*** *discussing with employee)***:** |
| Requesting a **30 or 60-day extension** of the probationary period. *(Attach a statement indicating performance deficiencies and expectations)*. |[ ]
| Employee has not successfully completed probationary period.  |[ ]
| Proposed Probationary Extension End Date: | **Date** |
| Supervisor’s Electronic Signature *(Name & Global ID)*: | Date Extension Requested: |
|   | Date |
| Director/Employee & Labor Relations Electronic Signature *(Name & Global ID)*: | Date Extension Approved: |
|   | Date |
|  |  |
| **FINAL SATISFACTORY PROBATIONARY REVIEW** *(completed at END of probationary period only)***:** |
| Employee has successfully completed probationary period. |[ ]
| *I certify that this probationary performance evaluation has been finalized and has been discussed with the employee.* |
| Supervisor’s Electronic Signature *(Name & Global ID)*: | Date: |
|   | Date |
|  |  |

*PLEASE RETURN COMPLETED EVALUATION TO* *employee.relations@cmich.edu* *Revised 03/17/2022*