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**EMPLOYEE 90-DAY PERFORMANCE EVALUATION**

**INSTRUCTIONS:** This form will be used for the employee 90-day performance evaluation. Managers and employees should sign the 90-day assessment after the performance discussion and return a completed copy to Human Resources. HR must be consulted in advance if an employees’ probationary period will be extended beyond the 90-day assessment.

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| Employee Name: | Position: |
| Department: | Date of Hire: |
| Supervisor Name: | Supervisor Position: |
| Supervisor Ext: | Date Conducted: |
| **PERFORMANCE RATINGS** | **DEFINITION** |
| On Target (OT) | Employee is currently meeting all job objectives and competencies. |
| **Needs Improvement (NI)** | Performance is slightly below what is expected. Employee needs improvement in one or more areas related to competencies and responsibilities. Problem areas need to be monitored and documented. Managers must request an extension of the probationary period and specific development actions identified with specific timelines for improvement. |
| **Not on Target (NOT)** | Performance is consistently below required expectations and is unacceptable. Employee has not met the expectations of the position. Managers must contact HR regarding the employees’ employment status. |

**COMPETENCIES**

**INSTRUCTIONS:** Institution-wide competencies have been assigned to each position that define position expectations at various work levels. Refer to the Career Band description for details of the applicable competencies and expectations. Provide a brief summary regarding the employee’s performance against the competencies for his/her position.

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| **SUMMARY COMMENTS** |  |
|  |  |
| **OVERALL RATING** *(Select one)***: \_\_\_\_ OT\_\_\_\_ NI\_\_\_\_ NOT** |

**PERFORMANCE GOALS/OBJECTIVES**

**INSTRUCTIONS**: Provide a brief summary regarding the employee’s performance against the performance goals/objectives for his/her position.

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| **SUMMARY COMMENTS** |  |
|  |  |
| **OVERALL RATING** *(Select one):* |  **\_\_\_\_ OT\_\_\_\_ NI\_\_\_\_ NOT** |

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|  |
| Manager’s Signature & Date |
| Employee’s Signature & Date  |

**NOTE: The Coaching Plan form must be completed if the employee’s 90 day assessment is ‘Needs Improvement’ or ‘Not on Target’.**