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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*](mailto:employee.relations@cmich.edu) *Revised 03/17/2022*