

# Mid-Probationary Period Progress Report Form

For Employees in CUPE Local 1334

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## Suggestions for Completion:

These ratings will represent your evaluation of the Employee's actual job performance at the mid-point (i.e., three (3) months) of the probationary period. To help you make an objective evaluation, please consider the following suggestions:

1. Review the employee's job description and performance expectations and base your ratings on the requirements of the job as described. The job description and performance expectations should have been reviewed with the employee at the commencement of their position.
2. Evaluate the employee's demonstrated and observable on-the-job performance.
3. Consider one rating factor at a time so that your rating in one aspect will not influence your rating in another.
4. Upon completion, check your ratings and comments. Discuss your ratings with the employee and encourage them to make comments.
5. A copy of this form should be provided to the employee and the original should be forwarded to Central HR to be retained in the employee's file.

## RATINGS:

|                               |                                                     |
|-------------------------------|-----------------------------------------------------|
| <b>Outstanding</b>            | Consistently performs above normal job requirements |
| <b>Above Average</b>          | Often performs beyond normal job requirements       |
| <b>Satisfactory</b>           | Fulfills normal job requirements                    |
| <b>Less than Satisfactory</b> | Generally performs below job requirements           |
| <b>Unsatisfactory</b>         | Consistently performs below job requirements        |

## Mid-Probationary Period Progress Report Form

Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Manager Name/Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Six-Month Probationary Period End Date: \_\_\_\_\_

Date of Mid-Probationary Period Progress Report: \_\_\_\_\_

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| <b>QUALITY OF WORK</b>                                                                                                                                                                                    | <i>Consider the accuracy, thoroughness and effectiveness of the work performed.</i>     |
| <input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Less than Satisfactory <input type="checkbox"/> Unsatisfactory |                                                                                         |
| Supporting Information:                                                                                                                                                                                   |                                                                                         |
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| <b>QUANTITY AND<br/>TIMELINESS OF WORK</b>                                                                                                                                                                | <i>Consider the volume produced, and how promptly tasks/assignments were completed.</i> |
| <input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Less than Satisfactory <input type="checkbox"/> Unsatisfactory |                                                                                         |
| Supporting Information:                                                                                                                                                                                   |                                                                                         |
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| <b>RELATIONSHIP WITH OTHERS</b>                                                                                                                                                                           | <i>Consider the employee's tact, cooperation and communication with co-workers, managers, and where appropriate, telephone contacts, visitors and students.</i>                                                                |
| <input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Less than Satisfactory <input type="checkbox"/> Unsatisfactory |                                                                                                                                                                                                                                |
| Supporting Information:                                                                                                                                                                                   |                                                                                                                                                                                                                                |
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| <b>WORK INITIATIVE AND RESPONSIBILITY</b>                                                                                                                                                                 | <i>Consider the extent to which the employee organizes own work and time, follows through with assignments, and suggests or implements improved methods as it relates to the job description and performance requirements.</i> |
| <input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Less than Satisfactory <input type="checkbox"/> Unsatisfactory |                                                                                                                                                                                                                                |
| Supporting Information:                                                                                                                                                                                   |                                                                                                                                                                                                                                |
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| <b>OVERALL EVALUATION</b>                                                                                                                                                                                 | <i>Rate the employee's total performance, taking into account all areas of evaluation.</i>                                                                                                                                     |
| <input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Less than Satisfactory <input type="checkbox"/> Unsatisfactory |                                                                                                                                                                                                                                |
| Supporting Information:                                                                                                                                                                                   |                                                                                                                                                                                                                                |
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| REVIEWING MANAGER'S SIGNATURE:                                                                                                                                                                            | DATE:                                                                                                                                                                                                                          |
| EMPLOYEE'S COMMENTS (OPTIONAL):                                                                                                                                                                           |                                                                                                                                                                                                                                |
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| EMPLOYEE'S SIGNATURE:                                                                                                                                                                                     | DATE:                                                                                                                                                                                                                          |