



180-Day Employment Trial Report for Support Staff (SSACCC)

Date: _____

To: _____

From: _____

Subj: _____

Attached is an Employment Trial Report for _____. He/She will complete her 180-day employment trial period on _____.

Please complete this form with your recommendation as to his/her continued employment with the college. If your recommendation is positive, you may recommend a salary increase of up to 2 percent of the employee's base rate.

Please return this recommendation form with the Employment Trial Report as soon as possible.

Recommend that the employee be continued and that an increase in the amount of 2 percent be provided.

This employee has not met the expectations for the position and will not be retained as an employee of the college.

Supervisor's signature

Date

Employee Probationary Performance Appraisal

This appraisal provides a written record for the employee and his/her supervisor on the employee's job performance. Supervisors are urged to be honest in their evaluations for the benefit of the employee and for the accuracy of this appraisal record. This appraisal will be part of the employee's personnel file.

Name: _____ Title: _____ Dept: _____ Supervisor: _____ Appraisal Period; _____	1 - Above Expectation 2 - At Expectation 3 - Below Expectation
Quality of Work Consider accuracy, thoroughness, & effectiveness.	
Quantity of Work Consider the amount of work completed on time.	
Flexibility Consider performance under pressure and handling of multiple assignments.	
Initiative Consider the extent to which the employee sets own constructive work practice and recommends and creates new procedures.	
Dependability Consider the extent to which the employee completes assignments on time and carries out instructions.	
Interpersonal Relations Consider the extent to which the employee is cooperative, considerate and tactful in dealing with supervisors, subordinates, peers, faculty, students and others.	

Supervisory Comments: Comment on the employee's overall strengths and areas in which some improvement could be achieved. Provide recommendations for continuing development.

Supervisor's Signature

Date

Supervisor: Return to Human Resources

Staff Member Comments: This section should be used to comment in support of or in disagreement with appraisals and observations recorded on this form.

Employee: Sign and date below before returning to your supervisor.

Senior Staff Signature

Date