**Introductory Period Report Form**

**Date:**

**To:**

**From:** Office of Personnel

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above mentioned employee is in her/her 90-day introductory period until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please evaluate the employee's performance in the following areas as well as any other areas that are appropriate. Both supervisor and employee signatures are required.

**Quality of Performance**

**Accomplishments /Quality of Work**

 **Job Knowledge**

 **Interpersonal Skills**

 **Cooperation**

 **Initiative**

 **Dependability**

 **Attendance**

 **Additional Comments**

Supervisor's recommendations for continued employment: \_\_\_Completed 90-day introductory period \_\_\_Introductory period extended for \_\_\_\_days \_\_\_Termination of employee

**Comments**

**Supervisor Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**