**SAMPLE THREE MONTH PERFORMANCE ASSESSMENT FORM**

**FOR NEW PROBATIONARY CLASSIFIED EMPLOYEES**

**INSTRUCTIONS**

Civil Service Rule VII, Section 1.1 requires all supervisors of probationary classified employees to perform a performance assessment at three months. The Rule is as follows:

The working test period shall be one (1) year in duration. No working test period shall exceed more than one year in the same position under the same appointing authority. **Supervisors of probationary employees who remain employed after three (3) months shall be required to perform an employee performance assessment at three (3) months so the employees understand how they are performing and whether and how they need to improve under a performance improvement plan.** (amended August 25, 2014, effective September 1, 2014, amended July 21, 2023, effective August 1, 2023)

Supervisors are required to record the date the assessment occurred, sign the form, obtain acknowledgment from employees that the assessment occurred, and record information on performance and/or areas for improvement. Supervisors are required to maintain a copy of this form in the employee’s departmental personnel file and provide a copy to the employee.

**Employee Name:**

**Department:**

**Date of Hire:**

**Date of Assessment:**

**Employee Class Title & Class Code:**

**Employee Working Title (Unique and Descriptive Title, if applicable):**

**Brief Description of Duties/Expectations:**

**Performance Assessment**

Below are potential areas the supervisor may choose to use for the assessment. The supervisor may choose different areas not listed below.

* Productivity: The extent to which the employee accomplishes assigned work of a specified quality within a specified time period
* Quality of Work: The extent to which the employee's work is well executed, thorough, effective, accurate
* Job Knowledge: The extent to which the employee knows and demonstrates how and why to do all phases of assigned work, given the employee's length of time in his/her current position
* Supervisor Interaction: The manner in which the employee responds to supervisory directions and comments. The extent to which the employee seeks counsel from supervisor on ways to improves performance and follows same.
* Cooperation with Others: The extent to which the employee gets along with other individuals. Consider the employee's tact, courtesy, and effectiveness in dealing with co-workers, subordinates supervisors, and customers
* Attendance and Reliability: The extent to which employee arrives on time and demonstrates consistent attendance; the extent to which the employee contacts supervisor on a timely basis when employee will be late or absent
* Initiative and Creativity: The extent to which the employee is self- directed, resourceful and creative in meeting job objectives; consider how well the employee follows through on assignments and modifies or develops new ideas, methods, or procedures to effectively meet changing circumstances
* Capacity to Develop: The extent to which the employee demonstrates the ability and willingness to accept new/more complex duties/responsibilities

**Strengths:**

**Areas for improvement:**

**Other:**

**Performance Assessment Acknowledged By**

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I acknowledge that I have discussed this performance assessment with my supervisor. My signature below does not indicate my agreement or disagreement with the contents of this form, only that I have been provided a copy of it.**

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_