

STATE SYSTEM OF HIGHER EDUCATION SUA - GFPC PROBATIONARY EVALUATION FORM

Name of Employee:	<u>EVALUATION PERIOD</u>
Department:	3 Month
Position Title:	6 Month
Classification:	9 Month

The employee's performance: Meets job standards

 Falls below job standards for this time period

Comments (continue on additional paper):

Areas in Need of Improvement (continue on additional paper):

_____ Employee's Signature	_____ Title	_____ Date
_____ Immediate Supervisor's Signature	_____ Title	_____ Date
_____ Reviewing Officer's Signature	_____ Title	_____ Date

Return completed original to Office of Human Resources by _____ for placement in the employee's personnel file. Make copies for the employee, the reviewing officer, and supervisor.