

**PROBATIONARY - PERFORMANCE PLANNING AND REVIEW DOCUMENT**

Probationary Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Hire Date: \_\_\_\_\_ 3-Month Review: \_\_\_\_\_ 5-Month Review: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Items for Discussion	Supervisor's Comments (Required)
<b>PROFESSIONALISM:</b>	
Attitude	
Acceptance of Responsibility	
Dependability	
Professional/Personal	
Attendance	
<b>WORK:</b>	
Job Knowledge	
Work Quality	
Customer Service	
Communication	
Teamwork	
Flexibility	
Safe/Unsafe Work Practices	
<b>OPTIONAL FACTORS:</b>	
<b>EMPLOYEE-INPUT FORM:</b>	
Attached & Discussed	

**Additional comments by Supervisor:**

**Comments by Employee:**

Supervisors and employees are required to sign this form. Signatures indicate that the supervisor and employee have discussed performance and the comments written on this document. Signatures do not necessarily indicate agreement.

<b>Supervisor Signature:</b>	_____	<b>Three-month Review Date:</b>	_____
<b>Employee Signature:</b>	_____	<b>Three-month Review Date:</b>	_____
<b>Next-Level Supervisor Signature</b>	_____	<b>Three-month Review Date:</b>	_____

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<b>Supervisor Signature:</b>	_____	<b>Five-month Review Date:</b>	_____
<b>Employee Signature:</b>	_____	<b>Five-month Review Date:</b>	_____
<b>Next-Level Supervisor Signature</b>	_____	<b>Five-month Review Date:</b>	_____

# PROBATIONARY - PERFORMANCE PLANNING AND REVIEW DOCUMENT

Probationary Employee name: \_\_\_\_\_

Department: \_\_\_\_\_

Three-month Review Date: \_\_\_\_\_ Five-month Review Date: \_\_\_\_\_

## PPAR - EMPLOYEE INPUT FORM

(Supervisors: Please add 3 additional questions, either from the list of suggested questions, or questions of your own.)

1. Identify two key projects and/or goals you would like to accomplish in the next review period and what you need to accomplish these projects and/or goals.
  
2. How can I as your supervisor provide more feedback/support to you?
  
- 3.
  
- 4.
  
- 5.
  
- 6.