

GEORGIA SOUTHWESTERN STATE UNIVERSITY

POLICY STATEMENT

6-MONTH PROBATIONARY REVIEW

Enclosed is the performance review form that must be completed at the end of the six-month probationary period. When you complete this form, please use the following guidelines:

As you know, new employees are required to serve a 6-month probationary period. This period of time is used by the supervisor to assess the employee's performance measured against the job requirements. It also is a time for the employee to decide whether he/she likes the job.

If the employee is meeting or exceeding all of the job requirements, you should reflect that by rating the employee satisfactory, complete the supervisor's comment section, and meet with the employee to discuss the evaluation and restate performance expectations. Please make it clear to the employee that he/she is no longer on probation and performance will now be evaluated on an annual basis. Please give the employee an opportunity to offer comments on the form and ask him/her to sign it.

If the employee is not meeting acceptable performance standards for the position at this point in time, you should discuss your concerns with the appropriate Senior Administrative Officer and the Director of Human Resources. If it is decided to terminate the employee, you should rate the employee unsatisfactory and, in the supervisor comment section, provide your reasons for termination (attach additional sheets, if necessary). You should meet with the employee to explain your decision and provide the employee with an opportunity to comment on the evaluation form.

Department Heads should feel free to contact the Human Resources Office for assistance with this process.

PLEASE RETURN THE EVALUATION FORM TO THE HUMAN RESOURCES OFFICE.

GEORGIA SOUTHWESTERN STATE UNIVERSITY

HUMAN RESOURCES OFFICES

Probationary Employee Performance Appraisal

6-Month Final Review

EMPLOYEE'S NAME:

POSITION:

DEPARTMENT:

In accordance with the attached instructions, please complete this form and return it to the Human Resources Office.
The above named employee's performance is:

Satisfactory

Improvement Necessary

Unsatisfactory

Recommend Termination of Employment

SUPERVISOR'S COMMENTS:

Signature of Supervisor

Signature of Department Head

Date

EMPLOYEE'S COMMENTS: My supervisor/Department Head has reviewed this evaluation with me and my comments, if any, are given below. My signature does not necessarily signify that I agree or disagree with this evaluation, only that it has been discussed.

Signature of Employee

Date