

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER 6 MONTH PROBATIONARY PERIOD PERFORMANCE REVIEW

EMPLOYEE:

PERSONNEL #:

TITLE:

DEPARTMENT:

REGULAR EMPLOYMENT DATE:

PROBATIONARY PERIOD ENDS:

INSTRUCTIONS: Please complete this form before the end of this employee's six-month anniversary of regular service with The University of Tennessee. The content of this performance review should be discussed with the employee before it is returned to Human Resources for inclusion in his or her personnel file. Listed below are general work behaviors to be evaluated. The supervisor should evaluate each dimension and mark the appropriate response.

		NEVER	SOMETIMES	USUALLY	CONSISTENTLY
1.	Meets work schedule expectations				
2.	Maintains a service-oriented approach with customers and co-workers				
3.	Thoroughly and accurately fulfills job responsibilities				
4.	Conducts work assignments with efficiency and independence				
5.	Accepts constructive criticism				
6.	Demonstrates initiative				
7.	Shows substantial progress in learning assigned duties				
8.	Demonstrates sufficient knowledge to remain in position				
9.	Follows the University's Code of Conduct				
10.	Demonstrates commitment to the University and its mission				

Please evaluate the employee's overall work performance:

Acceptable Unacceptable performance

I have discussed the review with the employee. He/she will be:

Retained Terminated

Review Date: _____

Reviewer's Comments:

Employee Signature: _____ **Title:** _____

Supervisor's Signature: _____ **Title:** _____ **Pers. #** _____