

STEPHEN F. AUSTIN STATE UNIVERSITY
NACOGDOCHES, TX 75962
PROBATIONARY EMPLOYEE EVALUATION
Please return the signed original to: Human Resources, SFA Box 13039

Name of Employee: _____ Dept. & Box #: _____

Date of Employment: _____ Probation Period Ends: _____

How well does the employee understand the requirements of the job?

How well do results of work meet requirements?

How much satisfactory work does this employee consistently turnout?

How does this employee accept all the responsibilities of the job?

How well does an employee begin an assignment without direction?

Does employee work harmoniously with co-workers and supervisors?

How faithful is this employee in reporting to work?

Based upon performance to date, it is recommended that this employee be:

_____ Retained _____ Terminated

Comments/Corrective Action:

(use additional sheet if necessary)

(Signature of Employee)

(Signature of Department Head/ Supervisor)

Date: _____