

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

**EMPLOYEE:**

**PERSONNEL #:**

**TITLE:**

**DEPARTMENT:**

**HIRE DATE:**

**PROBATIONARY END DATE:**

**INSTRUCTIONS:** Please complete this form before the end of this employee's three-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.

		Unsuccessful/Unacceptable Performance	Partially Successful Performance/Needs Improvement	Fully Successful/Effective Performance	Superior/Highly Effective Performance	Distinguished Performance and Role Model Status
1.	Accomplishments					
2.	Service and relationships, Interpersonal/Communication Skills, and Collaboration					
3.	Accountability & Dependability					
4.	Adaptability & Flexibility					
5.	Decision Making & Problem Solving					

**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 Overall Comments:**

**Employee Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Pers. #** \_\_\_\_\_