

**THE UNIVERSITY OF TEXAS AT DALLAS
New Employee Evaluation Form**

Employee Name _____ SS# _____

Administrative Unit _____ Position Title _____

Interviewing Supervisor _____ Evaluation Period: From _____ To _____
(per RFA)

Preparation

In accordance with University Policy on Probationary Period (D2-120.4) this form is designed to assist you with the evaluation of your new employee's progress during her/his six (6) month probationary period.

The form should be completed with the employee at 1,3 and 6 month intervals during this review period. New employees are informed of this review process during their orientation with Human Resources.

Please return a copy of the form to Human Resources after the 1 and 3 month evaluations. At the end of the 6 month evaluation you will need to submit the original form to Human Resources. Your employee cannot be considered a regular employee until this form is completed and returned for inclusion in the employee's permanent personnel file.

TIMELY COMPLETION OF THIS FORM WILL ASSIST YOU IN DEVELOPING THE NEW EMPLOYEE, OR IN SOME CASES, DETERMINING THAT AN EMPLOYEE IS NOT SUITABLE FOR CONTINUED EMPLOYMENT.

First Month

To be completed by ____/____/____

Performance Standards	Fails to Meet Job Standards	Meets Job Standards	Exceeds Job Standards
Initiative	()	()	()
Quality of work	()	()	()
Understanding directions	()	()	()
Cooperation with others	()	()	()
Dependability	()	()	()
Attendance	()	()	()

Comments: _____

Specific corrective action has been outlined for and provided to the employee. Yes _____ N/A _____

Recommendation: To continue employment with UTD (). To be terminated effective: _____
(Term date must fall within 6mos. period.)

Supervisor Date Employee Date

Third Month

To be completed by ___/___/___

Performance Standards	Fails to Meet Job Standards	Meets Job Standards	Exceeds Job Standards
Initiative	()	()	()
Quality of work	()	()	()
Understanding of directions	()	()	()
Cooperation with others	()	()	()
Dependability	()	()	()
Attendance	()	()	()

Comments: _____

Specific corrective action has been outlined for and provided to the employee. Yes _____ N/A _____

Recommendation: To continue employment with UTD (). To be terminated effective: _____
 (Term date must fall within 6mos. period.)

Supervisor	Date	Employee	Date

Sixth Month

To be completed by ___/___/___

Performance Standards	Fails to Meet Job Standards	Meets Job Standards	Exceeds Job Standards
Knowledge of job	()	()	()
Quality of work	()	()	()
Understanding of direction	()	()	()
Cooperation with others	()	()	()
Dependability	()	()	()
Attendance	()	()	()

Comments: _____

Specific corrective action has been outlined for and provided to the employee. Yes _____ N/A _____

Recommendation: To continue employment with UTD (). To be terminated effective: _____
 (Term date must fall within 6mos. period.)

Supervisor	Date	Employee	Date
------------	------	----------	------

REMINDER: Upon completion of the 6 month evaluation please return the original form to Human Resources.