

# PROBATIONARY EMPLOYEE PERFORMANCE EVALUATION FORM



Name of employee: \_\_\_\_\_ Directorate: \_\_\_\_\_

Job Title: \_\_\_\_\_ Line Manager/Director: \_\_\_\_\_

Probation end date: \_\_\_\_\_

N.B. Review interval: Twice within probationary period

**Please initial each page!!**

---

## SECTION A: TO BE COMPLETED BY EVALUATOR

Indicate the evaluation of the employee's job performance by using the following assessment scale.

### Assessment definitions

Rating	Description
5	Consistently exceeds the required standard of performance
4	Significantly higher than the required standard of performance
3	Fully meets the required standard of performance
2	Below the required standard of performance
1	Does not meet the required standard of performance

---

Employee Initial: \_\_\_\_\_

Line Manager Initial: \_\_\_\_\_

Probation Form  
Status: Approved  
Date: 2013-03-15  
File Reference:

	1 <sup>ST</sup> ASSESS- MENT	2 <sup>ND</sup> ASSESS- MENT
<p><b>1 QUALITY OF WORK</b> The extent to which the employee accomplishes assigned work of a specified quality within a specified time period.</p> <p>Please elaborate:</p> <p>_____</p> <p>_____</p>		
<p><b>2 QUALITY OF COMPLETED STAFF WORK</b> The extent to which the employee's work is well executed, thorough, effective, accurate.</p> <p>Please elaborate:</p> <p>_____</p> <p>_____</p>		
<p><b>3 KNOWLEDGE OF JOB</b> The extent to which the employee knows and demonstrates why the work is done, given the employee's length of time in his/her current position:</p> <p>Please elaborate:</p> <p>_____</p> <p>_____</p>		

Employee Initial: \_\_\_\_\_

Line Manager Initial: \_\_\_\_\_

	1 <sup>ST</sup> ASSESS- MENT	2 <sup>ND</sup> ASSESS- MENT
<p><b>4 RELATIONS WITH SUPERVISOR</b> The manner in which the employee responds to supervisory directions and comments.</p> <p>Please elaborate:</p> <p>_____</p> <p>_____</p>		
<p><b>5 COOPERATION WITH COLLEAGUES - INTERPERSONAL SKILLS</b> The extent to which the employee gets along with other individuals. Consider the employee's tact, courtesy, and effectiveness in dealing with co-workers, supervisors, and customers.</p> <p>Please elaborate:</p> <p>_____</p> <p>_____</p>		
<p><b>6 COMMUNICATIONS</b> The extent to which the employee understands verbal and written communication In English. Please also comment on listening skills, writing, verbal and presentation skills.</p> <p>_____</p> <p>_____</p>		
<p><b>7 ATTENDANCE AND RELIABILITY</b> The extent to which employee arrives on time and demonstrates consistent attendance; the extent to which the employee contacts supervisor on a timely basis when employee will be late or absent.</p> <p>Please elaborate:</p> <p>_____</p> <p>_____</p>		

Employee Initial: \_\_\_\_\_

Line Manager Initial: \_\_\_\_\_

<p><b>8 INITIATIVE AND CREATIVITY</b></p> <p>The extent to which the employee is self directed, resourceful and creative in meeting job objectives; consider how well the employee follows through on assignments and modifies or develops new ideas, methods, or procedures to effectively meet changing circumstances.</p> <p>Please elaborate:</p> <hr/> <hr/>		
<p><b>9 CAPACITY TO DEVELOP</b></p> <p>The extent to which the employee demonstrates the ability and willingness to accept new/more complex duties/responsibilities.</p> <p>Please elaborate:</p> <hr/> <hr/>		

Employee Initial: \_\_\_\_\_

Line Manager Initial: \_\_\_\_\_

Probation Form  
 Status: Approved  
 Date: 2013-03-15  
 File Reference:

**SECTION B: TO BE COMPLETED BY EVALUATOR**

1. Does this employee demonstrate the expertise and general skill level you expected based on the job requirements?  Yes  No  
If no, in what way does this employee's performance differ from your expectations?

---

---

---

2. Do you consider this employee to be making progress appropriate to his/her length of employment?  Yes  No  
If no, please describe the areas that need improvement?

---

---

---

3. Have you made arrangements for the employee to receive additional training?  Yes  No

If yes, what training? Where conducted?

---

---

---

4. Have you spoken to the employee about areas of concern at any time other than during this probationary review?  Yes  No  
If yes, what was the employee's reaction to the discussion?

---

---

---

Employee Initial: \_\_\_\_\_

Line Manager Initial: \_\_\_\_\_

5. What goals have you and this employee set for the next few weeks/ months on the job?

---

---

---

6. Does it seem probable that this employee will satisfactorily complete the probationary period?

Yes  No

If no, please explain.

---

---

---

7. Recommended action

---

---

---

Employee Initial: \_\_\_\_\_

Line Manager Initial: \_\_\_\_\_

**SECTION C: TO BE COMPLETED BY EMPLOYEE**

1. Did you undergo a formal HR orientation?  Yes  No  
Was your formal HR orientation session helpful?  Yes  No

Please elaborate?

---

2. Did you undergo a formal directorate orientation  Yes  No  
Was your formal directorate orientation helpful?  Yes  No

Please elaborate?

---

---

---

3. Are you starting to feel comfortable in your new job?  Yes  No  
If no, what can be done to help you feel more comfortable?

---

---

---

4. Did you receive a job description?  Yes  No

Is the job you are doing different from what was described to you, either verbally or on your job description?  Yes  No

If yes, in what way does it differ?

---

---

Employee Initial: \_\_\_\_\_

Line Manager Initial: \_\_\_\_\_

5. Do you feel that you have the knowledge/skills to be proficient at your job?  Yes  No
- If no, what additional support or training do you feel you need to become proficient?

---

---

---

6. Has your supervisor spoken with you about your progress to date?  Yes  No
- If yes, what was the outcome?

---

---

---

---

**SECTION D: GENERAL COMMENTS**

1. Employee comments (please include date; attach additional paper if necessary):

---

---

---

---

2. Evaluator comments (please include date; attach additional paper if necessary):

---

---

---

Employee Initial: \_\_\_\_\_

Line Manager Initial: \_\_\_\_\_

**RECOMMENDATION to be completed only at last evaluation before end of probationary period:**

I recommend that this probationary employee be permanently employed by SAQA.

I recommend that the probationary period be extended by ..... months.

**NB.** Very specific and measurable outputs/targets must be defined for the employee to meet over the period of extension of the probation.

I do not recommend that this probationary employee be permanently employed by SAQA and that termination of contract procedures be instituted.

**Comments to Evaluator and Employee.** Evaluators should discuss the evaluation results with the employee. Employees must always be given a copy of the evaluation for their own records. Both the evaluator and the employee should sign the evaluation form. Both the employees and the evaluator are strongly encouraged to include written comments.

**1<sup>ST</sup> ASSESSMENT**

\_\_\_\_\_  
Evaluator Signature and Date

\_\_\_\_\_  
Employee Signature and Date

**2<sup>nd</sup> ASSESSMENT**

\_\_\_\_\_  
Evaluator Signature and Date

\_\_\_\_\_  
Employee Signature and Date

**CONFIRMATION OF APPOINTMENT**

Recommendation as above by Director

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

Confirmation of the permanent appointment of the probationary employee is hereby approved/not approved.

\_\_\_\_\_  
DCEO /CEO

\_\_\_\_\_  
Date