

Classified Probationary Evaluation



Employee Name _____

Department _____

Classification Title _____

Working Title _____

Position Control Number _____

Evaluation Period _____

Immediate Supervisor _____

In compliance with Minnesota Statutes, Chapter 13.04, Subd. 2, we are informing you that the information collected through the use of this form will be used to document your performance on an annual basis. The information may be used in decisions concerning advancement, reassignment, future training needs, performance-related salary adjustments, and as evidence in contested disciplinary actions. It is legally required. Without it, there is no objective data on which to evaluate performance, therefore, no performance-based salary increases will be granted. This information is available to you, your supervisor, human resources director, and other employees in your agency whose job assignment requires access.

January, 1998

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QUALITY of work performed by this employee is:

- ☐ Greatly Exceeds Standards
- ☐ Exceed Standards
- ☐ Meets Standards
- ☐ Below Standards

Supervisor Comments:

QUANTITY of work performed by this employee is:

- ☐ Greatly Exceeds Standards
- ☐ Exceed Standards
- ☐ Meets Standards
- ☐ Below Standards

Supervisor Comments:

The general attitude and working relationships of this employee are:

- ☐ Greatly Exceeds Standards
- ☐ Exceed Standards
- ☐ Meets Standards
- ☐ Below Standards

Supervisor Comments:

Interest in work and program:

- ☐ Shows Interest
- ☐ Shows No Interest

Supervisor Comments:

Compliance with work rules (including attendance and punctuality):

- ☐ Does Comply
- ☐ Does Not Comply

Supervisor Comments:

Employee's PERFORMANCE AS A SUPERVISOR:

☐ Not applicable

- **Plans and delegates work:**

- ☐ Satisfactory
- ☐ Unsatisfactory

- **Evaluates and works to improve employee performance:**

- ☐ Satisfactory
- ☐ Unsatisfactory

Supervisor Comments:

Overall rating of employee is:

- ☐ Greatly Exceeds Standards
- ☐ Exceed Standards
- ☐ Meets Standards
- ☐ Below Standards

Supervisor Comments:

Signature of Supervisor _____ Date _____
(I have completed the performance evaluation)

Signature of Employee _____ Date _____
(I have read the above performance evaluation)

Signature of Supervisor's Supervisor _____ Date _____
(I have reviewed and concur with above performance evaluation)