

**BCIT Management Employee  
Six Month Performance Review for Probationary Employees**

Employee Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Position Title \_\_\_\_\_

Department \_\_\_\_\_

Name and Title of Evaluator \_\_\_\_\_

Period Covered by This Evaluation From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

**PURPOSE:**

- To develop and discuss performance expectations during onboarding activities and to provide on-going, objective criteria for performance that is aligned with BCIT's *Performance Management* process for the management group.
- To document specific achievements during the first six months in the position to support any recommended salary adjustment in accordance with **Section 5, Salary Administration Policy, Management Terms and Conditions.**

**6 MONTH OBJECTIVES/GOALS:**

What are the key goals for this individual for the initial six-month period?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**RESULTS:**

Overall, how did the individual perform relative to these goals during this review period?

\_\_\_\_\_

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\_\_\_\_\_

1. Provide examples of specific achievements and accomplishments during the review period.

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2. Describe performance strengths and provide examples of situations where these strengths were demonstrated.

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**MANAGER'S COMMENTS AND SIGNATURE:**

**I have discussed this evaluation with the employee:**

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\_\_\_\_\_  
Supervising Manager

\_\_\_\_\_  
Date

**I endorse the above evaluation:**

\_\_\_\_\_  
Senior Manager

\_\_\_\_\_  
Date

**EMPLOYEE'S COMMENTS AND SIGNATURE:**

**The supervising manager has discussed this evaluation with me.**

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\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

Forward completed performance review, marked ***Personal & Confidential***, to the Manager, Total Compensation, Human Resources.

## BCIT Management Recommended Salary Adjustment Six Month Performance Review for Probationary Employees

Employee Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Manager: \_\_\_\_\_

Salary adjustment for the review Period: \_\_\_\_\_ to \_\_\_\_\_


6 Month Review (Management Terms and Conditions, Section: 5.5.1), 2 % Increase Recommended  
(Reference: **Salary Administration Policy, Section 5 Management Terms and Conditions**)

Please provide rationale that demonstrates the employee met the 6 month goals and objectives as noted on Page 1 and significantly and consistently exceeded the expected performance levels.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approvals: \_\_\_\_\_ Date: \_\_\_\_\_

*Manager*

\_\_\_\_\_ Date: \_\_\_\_\_

*Dean/Director/Vice President*

Forward completed Salary Adjustment Form with associated performance review, marked **Personal & Confidential**, to the Manager, Total Compensation, Human Resources