



NEW EMPLOYEE REVIEW

At least one documented evaluation of the performance of every new employee during the initial six months of employment, while not required, is strongly encouraged. Supervisors may use this form to conduct one or more performance evaluations of the new employee.

NOTE: Termination recommendations must be initiated by Department/Unit Head and reviewed by component HR Officer or Payroll and HR Services before action is taken.

Employee Name: _____ Title: _____ Dept: _____

Hire Date: _____ Date of This Review: _____ 1st Review 2nd Review* 3rd Review* Other _____

RATING FACTORS	OUTSTANDING	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	DOESN'T MEET EXPECTATIONS*
Quality of Work (accuracy, thoroughness, acceptability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work (efficiency of work in specified period of time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative (self-starter, motivated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service (cooperates, works & communicates w/ customers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge (demonstrated practical/technical skills for the job)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership (motivates staff and coworkers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work Life (willingness to contribute/work with others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversity (respects and values differences)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Development (supervisors only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional Factor _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional Factor _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee should be retained Performance does not meet expectations, but retain to see if employee will improve.* This employee should be dismissed.**

Supervisor's Comments/Suggestions for Improvement (Attachments Included):

Employee's Comments (Attachments Included):

If you feel a personal problem is contributing to a performance issue you are encouraged to contact the Texas A&M Employee Assistance Program at 979-845-3711.

Employee signature Date Supervisor signature Date Reviewed by Dept. Head *** Date

DISTRIBUTION: ORIGINAL AND ANY ATTACHMENTS TO PERSONNEL FILE, COPY TO EMPLOYEE, AND COPY TO SUPERVISOR.

* Not acceptable performance for retention.
** Dept/Unit Head review is required if supervisor recommends termination.