UW-Madison, School of Medicine and Public Health

Department of Family Medicine and Community Health

Performance Management: University Staff 3-Month Probationary Report

Employee Name:	Employee Empl ID:	
Employee Title:	UDDS:	
Probation Start Date:	Midpoint Probationary Evaluation Due Date:	
Position Description was review	ved and determined to be accurate.	
☐ Position Description update need HR will contact you with follow up	ded. Please contact DFMCH HR or attach a draft position description r p.	revision here and
Employee Signature	Date	
employee's signature does not indi	performance evaluation with me, and I have had an opportunity to respon icate agreement, but attests that the employee has had an opportunity to bomit information to supplement this documented conversation within 30	read and discuss
Supervisor Name (Typed or Printed	d)	
Supervisor Signature	Date	
Department HR Name (Typed or P	Printed)	
Department HR Signature	Date	
SMPH Name (Typed or Printed)		

SMPH HR Signature

Please provide the employee a copy of this form and all attachments. Retain one copy for your files. Send the original document to the DFMCH Human Resource Services Office.

Date

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- Review the job description to determine if it is an accurate description of the assigned duties and responsibilities or if an updated description needs to be developed.
- After the supervisor completes the probationary report, the employee and supervisor will meet to discuss the review.

List the employee's accomplishments and professional activities during the review period. Include UW, SMPH, and DFMCH committees.

Supervisor Comments:

Address job productivity and quality of work.

(Consider: Are they focused, realistic, and systematic in their pursuit of job objectives? Are they in control of the situation and able to prioritize objectives? Are they accurate and thorough? Do they exhibit innovation and initiative? Do they hold themselves to a high standard of performance? Do they hold themselves responsible for the work they do?)

Supervisor Comments:

Address job-related knowledge/skills.

(Consider: Do they have the necessary knowledge, training and resources for this job? Do they possess effective jobrelated skills and exercise those skills with independence and sound judgment? Do they regularly assess/pursue learning new methods, technologies or procedures to improve the accomplishment of job goals?)

Supervisor Comments:

Address communication.

(Consider: Do they work well with superiors, peers and subordinates? Do they treat others with kindness, empathy and respect? Do they represent a work group and/or the department effectively in a positive manner? Do they keep others appropriately informed?)

Supervisor Comments:

Supplemental information should be written on the back of this form or on a separate sheet.