



Probationary Employee Performance Evaluation

EMPLOYEE: _____

BRANCH: _____

JOB TITLE: _____

DEPARTMENT: _____

SUPERVISOR: _____

EVALUATION DATE: _____

1. JOB KNOWLEDGE

Demonstrates knowledge of job duties and their purpose, requiring minimal direction.

Exceeds expectations

Meets Expectations

Below Expectations

Comments:

2. COMMUNICATION AND LISTENING SKILLS

Written and oral communications are clear, organized and effective; listens and comprehends well.

Exceeds expectations

Meets Expectations

Below Expectations

Comments:

3. CUSTOMER SERVICE/WORK QUALITY

Assesses customers' needs and takes timely action to respond to those needs in a tactful manner. Work is accurate, thorough, neat, and completed in a timely matter.

Exceeds expectations

Meets Expectations

Below Expectations

Comments:

4. INITIATIVE AND PROBLEM SOLVING

Seeks new or additional assignments when appropriate or necessary. Involved in solving problems and offers constructive solutions.

Exceeds expectations

Meets Expectations

Below Expectations

Comments:

5. ATTENDANCE AND DEPENDABILITY

Attends work and leaves at appropriate times. Consistently performs at a high level; manages time and workload effectively to meet responsibilities.

Exceeds expectations

Meets Expectations

Below Expectations

Comments:

6. TEAMWORK

Respectful when working with others and makes valuable contributions to help the group achieve its goals.

- Exceeds expectations
- Meets Expectations
- Below Expectations

Comments:

7. ADAPTABILITY AND FLEXIBILITY

Learns new tasks and assignments willingly. Handles situations appropriately as they arise, even under stress. Thrives on new challenges and adjusts to unexpected changes.

- Exceeds expectations
- Meets Expectations
- Below Expectations

Comments:

ADDITIONAL COMMENTS:

I have read and discussed this evaluation with my supervisor. I understand that my signature does not necessarily mean I agree with it. I also understand that I may reply in writing within 5 working days and that my reply will be included with this form in my personnel file.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

MANAGING LIBRARIAN: _____ **DATE:** _____

ASST DIRECTOR/DIRECTOR: _____ **DATE:** _____