

Probationary Period

Performance Review Form

For Operations and Maintenance employees in Unifor Local 5555, Unit #5

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Suggestions for Completion:

These ratings will represent your evaluation of the employee’s actual job performance during and at the conclusion of the probationary period (3 months) from the date of hire, including training. To help you make an objective evaluation, please consider the following suggestions:

1. Review the employee’s job duties and description if any and performance expectations and base your ratings on the requirements of the job. The job description/duties and performance expectations must have been reviewed with the employee at the outset of their position and at regular intervals, especially when changes to expectations occur.
2. Evaluate the employee’s demonstrated and observable on-the-job performance.
3. Consider one rating factor at a time so that your rating in one aspect will not influence your rating in another.
4. Upon completion, check your ratings and comments. Discuss your ratings with the employee and encourage him/her to make comments.
5. A copy of this form should be provided to the employee and the original should be forwarded to Human Resources Services to be retained in the employee’s file. If you have any questions please contact the Human Resources Manager, Facility Services.

**RATINGS:**

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| **Outstanding** | Consistently performs above normal job requirements |
| **Above Average** | Often performs beyond normal job requirements |
| **Satisfactory** | Fulfills normal job requirements |
| **Less than Satisfactory** | Generally performs below job requirements, detail action plans to address |
| **Unsatisfactory** | Consistently performs below job requirements, detail action plans to address |

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| Maccolourlogo | **Probationary Period**  **Progress & Performance Review Form** |

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Supervisor Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Projected Probationary Period End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ❑ | **INTERIM** Progress and Performance Review (to be completed at approximately two-thirds of the way through the probationary period (50 to 60 days) |
| ❑ | **FINAL** Progress and Performance Review (to be completed just before the end of the probationary period (before day 90) |

**EVALUATION OF WORK FACTORS:**

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| **JOB RELATED SKILLS** | | | | ***Consider the level of the fundamental skills needed to perform the job.*** | | | | | | |
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| **❑** | **Outstanding** | **❑** | **Above Average** | | **❑** | **Satisfactory** | **❑** | **Less than Satisfactory** | **❑** | **Unsatisfactory** |
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| Skill: Supporting Information: | | | | | | | | | | |
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| Skill: Supporting Information: | | | | | | | | | | |
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| Skill: Supporting Information: | | | | | | | | | | |
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| **QUALITY OF WORK** | | | | ***Consider the accuracy, thoroughness and effectiveness of the work per-formed.*** | | | | | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **❑** | **Outstanding** | **❑** | **Above Average** | **❑** | **Satisfactory** | **❑** | **Less than Satisfactory** | **❑** | **Unsatisfactory** |   Supporting Information: | | | | | | | | | | |
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| **QUANTITY AND**  **TIMELINESS OF WORK** | ***Consider the volume produced, and how promptly assignments were completed.*** |
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| **RELATIONSHIP WITH OTHERS** | ***Consider the employee’s tact, cooperation and communication with co-workers, supervisors, and where appropriate, telephone contacts, visitors and students.*** |
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| **WORK INITIATIVE**  **AND RESPONSIBILITY** | **Consider the extent to which the employee organizes own work and time, follows through with assignments, and suggests or implements improved methods as it relates to the job description and performance requirements.** |
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| **ATTENDANCE & PUNCTUALITY** | | | **Rate the employee’s attendance and punctuality, detailing specifics** | |
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| **OVERALL EVALUATION** | | | **Rate the employee’s total performance, taking into consideration the most important factors of the job.** | |
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| **ADDITIONAL COMMENTS (strengths, opportunities for improvement)** | | | | |
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| **PLEASE COMPLETE THE FOLLOWING:** | | | | |
| ❑ The performance of the employee has met expectations during the performance period thus far. A final review will be completed at a later date. | | | | |
| ❑ The performance of the employee met expectations during the performance period. The employee has successfully completed the probation and is confirmed as a regular employee. | | | | |
| ❑ The employee has not yet demonstrated the ability to meet the performance expectations but is still within probation period. Further follow-up is needed. | | | | |
| ❑ The performance of the employee did NOT meet expectations during the probationary period. | | | | |
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| REVIEWING SUPERVISOR’S SIGNATURE: | |  | | DATE: |
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| EMPLOYEE’S COMMENTS (OPTIONAL): | | | | |
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| EMPLOYEE’S SIGNATURE: |  | | | DATE: |

*Please retain a copy of this form for each of the employee and yourself and forward one signed copy to the Human Resources Manager, Facility Services to be placed in the employee’s Human Resources file.*