

NEW EMPLOYEE ORIENTATION AND EVALUATION PERIOD PERFORMANCE REVIEW

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| STAFF MEMBER'S NAME: | DUKE ID NUMBER: | |
| JOB TITLE: | | |
| DEPARTMENT: | | |
| SUPERVISOR'S NAME: | | |
| DATE HIRED: | DATE ORIENTATION AND EVALUATION PERIOD TO END: | DATE ORIENTATION AND EVALUATION PERIOD <i>EXTENSION</i> TO END (IF NECESSARY): |

PERFORMANCE REVIEW INSTRUCTIONS

- THE SUPERVISOR WILL PROVIDE AND DISCUSS PERFORMANCE EXPECTATIONS WITH THE STAFF MEMBER WITHIN THE FIRST 15 DAYS OF HIRE.
- THIS PERFORMANCE REVIEW SHOULD OCCUR PRIOR TO THE COMPLETION OF THE NEW EMPLOYEE ORIENTATION AND EVALUATION PERIOD AND SHALL INCLUDE AN EVALUATION IN WRITING.

THE SUPERVISOR SHOULD REFER TO THE STAFF MEMBER'S JOB DESCRIPTION WHEN COMPLETING THIS FORM; THE REVIEW SHOULD FOCUS ON THE STAFF MEMBER'S ABILITY TO PERFORM THE JOB DUTIES LISTED IN THE JOB DESCRIPTION.

- STAFF MEMBERS SHOULD BE EVALUATED BEFORE THE END OF THE 90-DAY PERIOD.
- SUPERVISORS SHOULD DISCUSS THE EVALUATION RESULTS WITH THE STAFF MEMBER.
- BOTH THE STAFF MEMBER AND SUPERVISOR ARE ENCOURAGED TO INCLUDE WRITTEN COMMENTS.
- BOTH THE STAFF MEMBER AND SUPERVISOR SHOULD SIGN THE EVALUATION FORM. THE STAFF MEMBER'S SIGNATURE INDICATES ONLY THAT HE/SHE HAS RECEIVED A COPY OF THE EVALUATION.
- THE ORIGINAL FORM SHOULD BE FILED IN THE STAFF MEMBER'S DEPARTMENT FILE AND COPY GIVEN TO THE STAFF MEMBER.

PERFORMANCE DEFINITIONS

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| ACHIEVED EXPECTATIONS: CONSISTENTLY DEMONSTRATED EFFECTIVE BEHAVIORS, ACHIEVED EXPECTED JOB RESULTS AND COMPLIED WITH WORK RULES AND PERFORMANCE AND REGULATORY REQUIREMENTS. | BELOW EXPECTATIONS: – SIGNIFICANT IMPROVEMENT NEEDED IN ONE OR MORE AREAS OF EXPECTED BEHAVIORS OR JOB RESULTS AND/OR DID NOT COMPLY WITH WORK RULES AND PERFORMANCE OR REGULATORY REQUIREMENTS. |
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| PERFORMANCE CRITERIA | Achieved | Below |
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| DECISION (TO BE COMPLETED BY THE SUPERVISOR) | |
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| <input type="checkbox"/> | I RECOMMEND THIS STAFF MEMBER BECOME REGULAR AND CONTINUOUS. |
| <input type="checkbox"/> | I RECOMMEND EXTENDING THE STAFF MEMBER'S ORIENTATION AND EVALUATION PERIOD FOR 30 CALENDAR DAYS. THE FOLLOWING PERFORMANCE CRITERIA MUST BE ACHIEVED BEFORE THE EXTENSION DATE : / / 1. 2. 3. |
| <input type="checkbox"/> | I RECOMMEND THIS STAFF MEMBER BE DISCHARGED BEFORE THE END OF THE ORIENTATION AND EVALUATION PERIOD FOR THE FOLLOWING REASON(S): <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> I HAVE CONTACTED THE ENTITY/DEPARTMENT HR REPRESENTATIVE AND STAFF AND LABOR RELATIONS TO DISCUSS AND REVIEW THIS DECISION PRIOR TO EXPIRATION OF THE 90-DAY PERIOD. |
| <input type="checkbox"/> | THE STAFF MEMBER RESIGNED BEFORE COMPLETION OF THE ORIENTATION AND EVALUATION PERIOD. |
| SUPERVISOR'S SIGNATURE: _____ | |
| DATE: _____ | |

| COMMENTS AND SIGNATURE | |
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| STAFF MEMBER'S COMMENTS: | |
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| STAFF MEMBER'S SIGNATURE: _____ | DATE: _____ |
| SUPERVISOR'S COMMENTS: | |
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| SUPERVISOR'S SIGNATURE: _____ | DATE: _____ |