

ROTATING NARRATIVE TRIAL PERFORMANCE EVALUATION

Employee	Title					
Month Rating is Due	Rating Period			To		
Date of Hire	Date of Transfer or Promotion	Probationary		Trial Period		
Department	Evaluation Type	1 st Q	2 nd Q	3 rd Q	EOP	EOT

Employee's schedule	M-F 8-5 <input type="checkbox"/>	Four 10's <input type="checkbox"/>	2 nd shift <input type="checkbox"/>	3 rd shift <input type="checkbox"/>	Rotating <input type="checkbox"/>	Other <input type="checkbox"/>
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Is the employee's attendance acceptable? yes no
 If NO, why not:

Is the employee acquiring skills needed at an acceptable rate? yes no

Explain any performance proficiency, deficiency, and/or concern; or state that there are no identifiable areas to be noted at this time

Complete only for End Of Trial or End Of Probation. Do you recommend status change to non-probationary in this position? yes no

Action Plan for the next three months:

EMPLOYEE COMMENTS:
 Do you agree _____ or disagree _____ with this evaluation?
 What are your specific comments of the overall evaluation?

RUIDOSO

Signature and date

Reviewer:

Title:

Signature and date

Employee Signature and date

Original to HR

Copy to Employee

Copy to Department