

# SUNY New Paltz Probationary Evaluation

Name:

Title:

Probation Start Date:

Probation End\*:

Department:

Supervisor:

Return to Human Resources

by: \_\_\_\_\_

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All permanent appointments to classified service positions are subject to a probationary period as described in Section 4.5 of the Civil Service Rules and Regulations. \*Probation ending date may be adjusted due to absences or service in another position. All employees will serve the maximum probationary period unless notified otherwise in writing. THE EMPLOYEE WILL PASS PROBATION BY DEFAULT UNLESS OTHERWISE NOTIFIED

Raters (supervisors): Describe the tasks/duties of this position as related to the Performance Program, comment on the probationer's *cumulative* performance in each task/duty, note the probationer's strengths and/or areas in need of improvement, and circle: "Satisfactory", "Needs Improvement" or "Unsatisfactory" for each item.

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A. 1. Task / Duty (describe what the employee should do and your expectations).

Satisfactory

Needs Improvement

Unsatisfactory

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2. Task / Duty (describe what the employee should do and your expectations).

Satisfactory

Needs Improvement

Unsatisfactory

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3. Task / Duty (describe what the employee should do and your expectations)

Satisfactory

Needs Improvement

Unsatisfactory

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4. Task / Duty (describe what the employee should do and your expectations when needed).

Satisfactory

Needs Improvement

Unsatisfactory

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5. Task/Duty (describe what the employee should do and your expectations).

Satisfactory

Needs Improvement

Unsatisfactory

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Task/Duty (describe what the employee should do and expectations).

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**B. An employee's behavior in the areas of attendance and teamwork also impacts the work unit. Please describe the probationer's performance in these areas.**

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**Attendance (reliability, tardiness, etc.)**

**Satisfactory                  Needs Improvement                  Unsatisfactory**

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**Teamwork (cooperation, compatibility, acceptance of criticism, etc.)**

**Satisfactory                  Needs Improvement                  Unsatisfactory**

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**RECOMMENDATION:**

- Continue in Probationary Status**
- Termination (a report of the supervisor's efforts to improve employee's performance must accompany this decision and must be reviewed by Office of Human Resources PRIOR to discussing this recommendation with employee. Only the Director or Assistant Vice President of Human Resources has the authority to terminate an employee.)**
- Final Probation Report – Employee has passed probation**
- Final Probation Report – Employee did not pass probation/return to hold item**

**Rater's (Supervisor) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewer (2nd Line Supervisor's) Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reviewer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Probationer's Section:**

**I met with my supervisor (rater) on \_\_\_\_\_ to discuss this evaluation. During this meeting I had an opportunity to read this report and discuss it. My signature does not signify agreement or disagreement.**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Probationer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_