**PRD/PROBATIONARY REPORT**  
**PERFORMANCE FEEDBACK FORM**

Use this form along with the behavioral expectations that were created for this employee. This entire form must be returned to human resources in accordance with the deadlines identified on the attached cover sheet.

| Employee Name: | _________________________ | Supervisor: | _________________________ |
| UID: | _________________________ | Period Covering: | _________________________ |
| Job Title: | _________________________ | Shop/Unit: | _________________________ |

1. **QUALITY OF WORK** (Includes Job Knowledge)  
   - [ ] Meets Expectations  
   - [ ] Does Not Meet Expectations  
   Comments on performance:

2. **QUANTITY OF WORK**  
   - [ ] Meets Expectations  
   - [ ] Does Not Meet Expectations  
   Comments on performance:

3. **ATTENDANCE, PUNCTUALITY & WORK HABITS**  
   - [ ] Meets Expectations  
   - [ ] Does Not Meet Expectations  
   Comments on performance:

4. **INTERPERSONAL SKILLS** (Includes Customer Service, Cooperation & Teamwork, & Communication Skills)  
   - [ ] Meets Expectations  
   - [ ] Does Not Meet Expectations  
   Comments on performance:

5. **SAFETY** (Critical factor for uniformed service classifications only-Optional factor for other non-exempt classifications)  
   - [ ] Meets Expectations  
   - [ ] Does Not Meet Expectations  
   - [ ] N/A  
   Comments on performance:
6. LEADERSHIP EFFECTIVENESS (Non-exempt supervisors only)

☐ Meets Expectations  ☐ Does Not Meet Expectations  ☐ N/A

Comments on performance:

OVERALL RATING (must be completed):

☐ Meets Expectations  ☐ Does Not Meet Expectations
EMPLOYEE NAME: _________________________________

THE SUPERVISOR AND EMPLOYEE MUST AGREE ON AT LEAST ONE STATEMENT
FOR BOTH STRENGTHS & WEAKNESSES.

[REFER TO THE PRD HANDBOOK, PAGE 36 FOR INFO. ON HOW TO COMPLETE THIS FORM]

MAJOR STRENGTHS: (In which performance factors did the employee excel?)

AREAS FOR IMPROVEMENT/ENHANCEMENT: (Focus on no more than 3-4 areas for improvement.)

ACTION PLANS: (What actions should be taken by the employee and/or supervisor to improve the employee’s performance and help achieve goal(s) during the next performance period?)

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee:</td>
<td></td>
</tr>
<tr>
<td>Supervisor:</td>
<td></td>
</tr>
</tbody>
</table>
TRAINING PLANS: (List the training actions that will be taken to improve performance in the current job or to develop additional employee skills.)

*Signatures below indicate that the PRD/PROBATIONARY REPORT was completed and discussed and that a development plan was agreed upon.

____________________________________  ____________________________________
Supervisor's Signature/Date      Employee's Signature/Date

____________________________________  ____________________________________
Manager's Signature/Date      Assistant Director's Signature/Date

Associate Director's Signature/Date
(If Applicable)

*The employee's signature does not necessarily indicate agreement with the performance appraisal results. The signature indicates only that the meeting was held.

S:\FM-All\PRD\Probationary Report.doc