

**UNIVERSITY OF MAINE
PROBATIONARY EMPLOYEE PROGRESS REPORT**

NAME OF EMPLOYEE _____ SS# _____

JOB TITLE _____ UNIT _____

NAME OF REVIEWER _____ DATE OF REVIEW _____

REVIEW PERIOD: FROM: _____ TO: _____ NEXT REVIEW DATE: _____

| Performance Categories: | Yes | Occas. | No | Not Observed |
|---|-----|--------|----|--------------|
| <u>COMMUNICATION/INTERACTION WITH OTHERS:</u> | | | | |
| Communicates clearly and positively with co-workers, supervisors, and others. | | | | |
| Listens carefully to instructions. | | | | |
| Notifies supervisor when work cannot be accomplished as assigned. | | | | |
| Employee is receptive to feedback from supervisor. | | | | |
| Maintains positive working relationships with co-workers. | | | | |
| <u>Quality/Quantity of Work/Work Habits</u> | | | | |
| Employee has demonstrated ability to work effectively on his/her own. | | | | |
| Works at a consistent pace regardless of presence of supervision. | | | | |
| Completes work assignments in a reasonable period of time. | | | | |
| Demonstrates willingness to help co-workers or others. | | | | |
| The quality of completed work is satisfactory. | | | | |
| Employee readily begins new assignments. | | | | |
| Uses work time efficiently. | | | | |
| <u>JOB KNOWLEDGE:</u> | | | | |
| Employee can adapt to changes in priorities and/or schedules. | | | | |
| Has demonstrated that he/she has the skills and abilities to do the work. | | | | |
| Performs work in accordance with FM policies and procedures. | | | | |
| Practices knowledge of safety procedures. | | | | |
| <u>DEPENDABILITY/ATTENDANCE</u> | | | | |
| Prepared to begin work at beginning of shift. | | | | |
| Independently follows through on assignments. | | | | |
| Provides adequate notice to supervisor for using vacation/sick leave. | | | | |
| Submits accurate sick leave and vacation reports in a timely manner. | | | | |

SUPERVISORY FEEDBACK (attach additional comments if necessary)

1. Describe examples of outstanding work performance or areas of work performance that will require additional attention. Please use specific examples of work performance and/or expectations.

EMPLOYEE COMMENTS (attach additional comments if necessary)

SIGNATURES: Employee signature indicates that he/she participated in the progress report discussion, but does not indicate there is necessarily an agreement with the supervisor's review.

* Employee's Signature/Date

Supervisor's/Reviewer's Signature/Title/Date