

BENNINGTON COLLEGE

Probationary Appraisal Form

This form should be completed no later than ten (10) days prior to the scheduled end of probation. The probation determination should be reviewed with Human Resources prior to communicating with the employee.

| | |
|----------------|---------------------|
| Employee Name: | Job Title: |
| Department: | Date of Hire |
| Supervisor: | Probation End Date: |

Excellent = strong in key areas and consistently meeting or exceeding expectations.

Good = making a positive contribution and meeting expectations. Minimal action required.

Fair = performance acceptable, but action required within an agreed timescale to develop further or to improve performance in this area to a more satisfactory standard.

Poor = performance unacceptable and causing concern. Immediate action and improvement required.

| | Excellent | Good | Fair | Poor |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|------|------|
| Dependability: Ability to carry out job duties or assignments to completion. | | | | |
| Adaptability: Ability to learn quickly job assignments and methods. | | | | |
| Quality of Work: Accuracy, attention to detail, timeliness, and organization. | | | | |
| Job Knowledge: Ability to familiarize job procedures, and equipment. | | | | |
| Attendance/Punctuality: Within established guidelines. | | | | |
| Communication/Cooperation: Ability to accept supervision. Ability to communicate effectively with others and ability to interact with colleagues/members of the College community. | | | | |
| Quantity of Work: Ability to meet or surpass assigned workload. | | | | |

Comments by Supervisor (optional):

Comments by Employee (optional):

Recommendation:

_____ The employee will pass probation.

_____ An extended probation period is warranted. Probation will be extended through _____
(must be accompanied by supporting documentation).

_____ The employee will not pass probation and will be released from employment effective _____.

Supervisor Signature: _____

Date: _____

Human Resources Review: _____

Date: _____