The six-month period from date of original employment or re-employment
The Performance Plan / Expectations that were discussed at the beginning of the employment.
The probationary progress review (documented on the Employee Performance Evaluation / 6-Month Probationary Period Form) which the supervisor has completed based on the employee's performance to date.

All persons on initial employment or re-employment in full-time positions must serve a six-

or is not suited for the position, the employee should be terminated or allowed to resign. Records related to termination must reflect non-reappointment, unsatisfactory performance, or resignation during the probationary period. Employees may be terminated during the probationary period without access to the Grievance Procedure. level

Probationary employees will be notified in writing of their termination from Claflin University. If the notification of termination must be made by mail, the letter will be sent to the employee by certified or registered mail.

The Employee Performance Evaluation / 6-Month Probationary Period Form, completed for the three-month progress review and at the end of the probationary period, is the official form that must be kept in the employee's personnel file in the Human Resources Office.

Employee Position Description
Employee Performance Evaluation / 6-Month Probationary Period
(Interim progress review / final appraisal instrument)
Staff Guidelines

CLAFLIN UNIVERSITY

EMPLOYEE PERFORMANCE EVALUATION
6-MONTH PROBATIONARY PERIOD

Employee Name _____ Position
_____ Department _____
Supervisor _____ Date Employed in this Position
_____ Last Day of Probation _____

Instructions to Evaluator/Supervisor: Evaluators should refer to the **Employee Position**

DECISION MAKING/PROBLEM SOLVING The extent to which an employee demonstrates proper judgement, utilize problem solving and critical thinking skills, and exhibit good moral judgement. Optional: Defined Expectations/Goals			
DIVERSITY The extent to which the employee demonstrates a respect for the rights and property of all individuals regardless of gender, race, national origin, physical disability, economic background, sexual orientation, or religious beliefs.			
OTHER DEPARTMENTAL SPECIFIC ATTRIBUTE (if applicable)			

Instructions to Evaluator/Supervisor and Employee: Evaluators should discuss the evaluation results with their employees and a copy of the evaluation must be given to employees for their own records. Both the evaluator and the employee should sign the evaluation form. The employee signature indicates only that the employee received a copy of the evaluation. It does not necessarily signify employee concurrence. Both employees and evaluators are strongly encouraged to include written comments. At the final evaluation only, after the employee signs the form, the evaluator should give one copy to the employee, retain one copy for department files and forward one copy to the Office of Human Resources.

3-MONTH EVALUATION

_____ _____ _____ _____

Reviewer Signature **Date** **Evaluator Signature** **Date**

_____ _____

Employee Signature **Date**

_____ _____ _____
_____

Reviewer