

(Please Type)

UNIVERSITY OF KENTUCKY
END OF ORIENTATION PERFORMANCE APPRAISAL

S.P.P.P.8.4.1 Form

Employee Name _____ Person I.D. _____

Position _____
Title _____ Grade _____ Number _____

Department _____
Name _____ Number _____

Employment Date _____ Account No. _____

The orientation period of the above staff member will be completed on _____. **If this form is not completed within five (5) working days (excluding Saturdays, Sundays, and holidays), it will be deemed the employee has successfully completed new employee orientation.** This performance appraisal is provided in order to evaluate the employee's work performance and to serve as a basis in determining whether the employment should be continued. The appraisal will be considered **CONFIDENTIAL** and **SHOULD BE DISCUSSED IN DETAIL WITH THE EMPLOYEE.**

<u>JOB PERFORMANCE FACTORS</u>	<u>SATISFACTORY</u>	<u>UNSATISFACTORY</u>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>

- I. Employee successfully meets or exceeds orientation requirements.
- II. Employee fails to meet orientation job requirements. (EVALUATE and EXPLAIN)
 - A. Recommend extension of orientation period.
 - 30 calendar days
 - 60 calendar days
 - 90 calendar days (maximum extension is 90 calendar days)
 - B. Recommend employee be terminated (must be approved by HR Employee Relations).

COMMENTS:

Employee's Signature

Date

Supervisor's Signature

Date

7541-2640
(Rev. 10/05)

*Send copy to HR Employee Records, 21 Scovell Hall 0064.