

# WELLESLEY COLLEGE

## Introductory Period Report

DATE \_\_\_\_\_

TO:

FROM: Office of Personnel

Employee Name \_\_\_\_\_ Date of Hire \_\_\_\_\_

Department \_\_\_\_\_

Position \_\_\_\_\_

The above mentioned employee is in her/her 90 day introductory period until \_\_\_\_\_

Please evaluate the employee's performance in the following areas as well as any other areas that are appropriate. Both supervisor and employee signatures are required.

1. Quality of Performance \_\_\_\_\_

\_\_\_\_\_

2. Accomplishments /Quantity of Work \_\_\_\_\_

\_\_\_\_\_

3. Job Knowledge \_\_\_\_\_

\_\_\_\_\_

4. Interpersonal Skills \_\_\_\_\_

\_\_\_\_\_

5. Cooperation \_\_\_\_\_

\_\_\_\_\_

6. Initiative \_\_\_\_\_

\_\_\_\_\_

7. Dependability \_\_\_\_\_

\_\_\_\_\_

8. Attendance \_\_\_\_\_

\_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's recommendations for continued employment:

\_\_\_\_ Completed 90 day introductory period

\_\_\_\_ Introductory period extended \_\_\_\_ days

\_\_\_\_ Termination

Employee Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Supervisor's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date)