

| | 6 Month Performance | e Review | | | |
|---|-----------------------|--------------------------|--------------------|--|--|
| Employee Name | | Department | | | |
| Position Title | | Reviewer Name | | | |
| Employee Start Date | | Today's Date | | | |
| | CHARACTERIST | TICS | | | |
| Quality | Unsatisfactory | Satisfactory | Excellent | | |
| Work Environment | | · | | | |
| Job Knowledge | | | | | |
| Customer Service | | | | | |
| Teamwork | | | | | |
| Accountability/Flexibility | | | | | |
| Quality of Work | | | | | |
| Quantity of Work | | | | | |
| Communication | | | | | |
| Resourcefulness | | | | | |
| Interpersonal Relations/Diversity | | | | | |
| Punctuality/Dependability | | | | | |
| Planning/Organizing | | | | | |
| GOA | LS / AREAS OF GROWT | H OR CONCERN | | | |
| Do you recommend employm | ent continue? | YES | NO | | |
| Do you recommend employment continue? | | TLS | NO | | |
| Do you recommend probationary period extension? | | YES | NO | | |
| | EMPLOYEE COM | MENTS | | | |
| | | | | | |
| | Approval | | | | |
| Employee Signature | | Reviewe | Reviewer Signature | | |
| | | | | | |
| This review must be returne | ed to the Human Resou | urces Office upon comple | tion. | | |