



**90-Day Trial Employment Evaluation Form
For ACCCOSAP and Exempt Management Staff**

Note: The trial or probationary employment period for ACCCOSAP and exempt management employees is 180 calendar days. The purpose of this evaluation is to identify strengths and areas in need of improvement at the mid-way point of the trial employment period.

Employee's Name: _____

Employee's Job Title: _____

Date of Full-time Hire: _____

Supervisor's Name: _____

Date of this Review: _____

The supervisor should provide narrative responses to the following:

1. State the employee's overall strengths through his/her first 90 days of employment. Please elaborate.
2. Please comment on this employee's ability to acclimate himself/herself to the workings of the department and the overall college.
3. Describe this employee's performance in managing, supervising, mentoring and/or disciplining his/her subordinates, if applicable.
4. Identify areas where you feel that this employee's performance has been below expectation and that improvement is necessary over the next 90 days. Elaborate.
5. What training, course work or written materials do you recommend that this employee access in order to enhance his/her performance during the second half of the trial employment period?

The employee and supervisor should meet to discuss the supervisor's narrative comments. The employee should then prepare typewritten responses to the supervisor's comments and return them to the supervisor for attachment to this document. The supervisor and the employee should both sign the bottom of each page indicating that they have read the pages. All documentation should be stapled to this cover page and returned to the Human Resources Department within 10 working days of receipt.

**Atlantic Cape Administrative/Managerial Staff 90 day
Probationary Employment Evaluation**

Signature Page:

I have reviewed this report on the date indicated and have had the opportunity to discuss it with my supervisor. My signature does not necessarily mean that I agree with the report.

Employee's Signature

Date

Supervisor's Signature

Date