|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hire Date: | TEXAS A&M FOREST SERVICE  PERFORMANCE APPRAISAL – NEW EMPLOYEE | | | Department: |
| Employee’s Name: | | Date: | Title: | |

First Review \*  Second Review\*  Third Review\*  Fourth Review\*  Fifth Review\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RATING FACTORS** | **SUPERIOR** | **EXCEEDS**  **EXPECTATIONS** | **MEETS**  **EXPECTATIONS** | MARGINAL/ **NEEDS IMPROVEMENT** | **UNSATISFACTORY** |
| **Attendance** (punctual and overall attendance) |  |  |  |  |  |
| **Customer Service** (cooperate, work & communicate with customers) |  |  |  |  |  |
| **Skill** (demonstrated practical/technical skills for job requirements) |  |  |  |  |  |
| **Quality of Work** (accuracy, thoroughness, acceptability of work) |  |  |  |  |  |
| **Productivity** (quantity/efficiency of work in specified period of time) |  |  |  |  |  |
| **Reliability** (task completion and follow up) |  |  |  |  |  |
| **Initiative** (self-starter/motivated) |  |  |  |  |  |
| **Personal Appearance** (professional or appropriate dress, hygiene) |  |  |  |  |  |
| **Team Work** (willingness to contribute/work with others, as appropriate) |  |  |  |  |  |
| Overall Performance |  |  |  |  |  |

## 

### DESCRIPTION OF AREAS NEEDING IMPROVEMENT OR UNSATISFACTORY (attachment if needed):

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###### Suggestions for Improvement:

**Employee Comments:**

**(You are encouraged to contact the Employee Assistance Program @ 1-888-993-7650 if you feel a personal problem is contributing to a performance issue.)**

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**Employee (Print) Rater (Print) Next Level Supervisor (Print)**

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**Employee (Signature) Date Rater (Signature) Date Next Level Supervisor (Signature) Date**

## \* As needed (at a minimum, a review must be performed at the end of the 1st, 3rd, and 5th month after hire). Raters are encouraged to deliver this appraisal in a face-to-face session with the employee.

DISTRIBUTION: original to personnel file, copy to employee, copy to supervisor