

PROBATIONARY PERFORMANCE EVALUATION



EMPLOYEE INFO

| | | | | | |
|---------------------|---------|---------|----------|------------------|--|
| EMPLOYEE NAME: | | | | | |
| DEPARTMENT | | | | SUPERVISOR NAME | |
| POSITION HELD | | | | SUPERVISOR TITLE | |
| PROBATIONARY PERIOD | 30 Days | 90 Days | 180 Days | TODAY'S DATE | |

CURRENT RESPONSIBILITIES

Organization

1. Support the organization's mission, vision, values, policy, and procedure by exhibiting the following behaviors: excellence and competence, collaboration, innovation, respect personalization, commitment to our community, and accountability and ownership.
2. Consistently work in a positive and cooperative manner with fellow Team Members.
3. Consistently demonstrate an ability to respond to changing situations in a flexible manner in order to meet current needs, such as reprioritizing work as necessary.
4. Consistently come to work on time, working as scheduled, and leaving at the scheduled time.
5. Maintain appropriate attire and good grooming habits to support HACAP's desire for safe and efficient operations, providing greater service and better customer relations.
6. Ensure confidentiality of any information concerning an employee, client, family, financial condition or personal peculiarities is strictly maintained.
7. Ensure that personal health information is protected during its collection, use, disclosure, storage and destruction within HACAP as required by HIPAA.

PERFORMANCE ASSESSMENT

Evaluate performance and achieved goals.

Discuss areas of excellence within performance.

1)

2)

3)

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Discuss areas of improvement.

1)

2)

3)

Develop future goals or set expectations.

1)

2)

3)

COMMENTS AND APPROVAL

Provide any additional feedback.

Supervisor:

Employee:

**EMPLOYEE
SIGNATURE**

Date

**SUPERVISOR
SIGNATURE**

Date