(Please Type)

# UNIVERSITY OF KENTUCKY
# END OF ORIENTATION PERFORMANCE APPRAISAL

S.P.P.P.8.4.1 Form

Employee Name _____ Person I.D. _____

Position _____ _____ _____
Title Grade Number

Department _____ _____
Name Number

Employment Date _____ Account No. _____

The orientation period of the above staff member will be completed on _____. **If this form is not completed within five (5) working days (excluding Saturdays, Sundays, and holidays), it will be deemed the employee has successfully completed new employee orientation.** This performance appraisal is provided in order to evaluate the employee's work performance and to serve as a basis in determining whether the employment should be continued. The appraisal will be considered **CONFIDENTIAL** and **SHOULD BE DISCUSSED IN DETAIL WITH THE EMPLOYEE.**

| JOB PERFORMANCE FACTORS | SATISFACTORY | UNSATISFACTORY |
|---|---|---|
| Quality of Work | ☐ | ☐ |
| Quantity of Work | ☐ | ☐ |
| Conduct | ☐ | ☐ |
| Cooperation | ☐ | ☐ |
| Reliability | ☐ | ☐ |

I. ☐ Employee successfully meets or exceeds orientation requirements.

II. ☐ Employee fails to meet orientation job requirements. (EVALUATE and EXPLAIN)

A. ☐ Recommend extension of orientation period.
- ☐ 30 calendar days
- ☐ 60 calendar days
- ☐ 90 calendar days (maximum extension is 90 calendar days)

B. ☐ Recommend employee be terminated (must be approved by HR Employee Relations).

## COMMENTS:

_____
_____
_____
_____
_____

_____ _____
Employee's Signature Date

_____ _____
Supervisor's Signature Date

7541-2640
(Rev. 10/05)

*Email copy to HR Employee Records, UKPAR_Team@uky.edu.

Clear