



**Human Resource Services**  
Eastern Washington University  
314 Showalter Hall  
Cheney, WA 99004-2445

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**TO:**

**FROM:** Human Resource Services

**DATE:**

**SUBJECT:** Three-Month Performance

Attached is the three-month performance evaluation for

The following steps should be followed to comply with the civil service performance evaluation process:

1. Fill out the evaluation form indicating the appropriate rating based on performance expectations given to the employee at the beginning of her/his employment. Note any needs improvement areas in the appropriate section.
2. Schedule an appointment with the employee to discuss the evaluation.
3. After the interview with the employee, have him/her make comments (if he/she wishes) and sign. Explain that a signature does not mean agreement with the ratings. It only means you have discussed the ratings.
4. Send the completed form to your supervisor for review, comments and signature.
5. A copy of the form should be given to the employee and the original should be returned to our office for review and placement in the employee's personnel file.

If you have any questions pertaining to the evaluation process or need assistance, please contact Human Resource Services at 359-2381.

Attachment: Three-Month Performance Evaluation



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## PROBATIONARY OR TRIAL SERVICE EMPLOYEE REPORT

**Name:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **Department:** \_\_\_\_\_  
**ID Number:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_  
**Employment Date:** \_\_\_\_\_

I. 90 Day Rating of Employee (carefully evaluate each of the qualities separately):

| Rating Factor         | Satisfactory | Needs Improvement | Unsatisfactory | Unable to Rate |
|-----------------------|--------------|-------------------|----------------|----------------|
| Quality of Work       |              |                   |                |                |
| Quantity of Work      |              |                   |                |                |
| Attendance            |              |                   |                |                |
| Dependability         |              |                   |                |                |
| Job Knowledge         |              |                   |                |                |
| Working Relationships |              |                   |                |                |

II. Please note **Needs Improvement Areas** discussed with the employee:

III. Other Comments:

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewing Official's Signature

\_\_\_\_\_  
Date

Employee's signature indicates ratings discussed with employee by the supervisor.