
Working Test Period Appraisal

Employee's Legal Name: _____

Department Name: _____ Org.# _____

Employee ID # : _____ Job Class: _____

Date of Employment: _____ Rating Period: From _____ To _____

Purpose of Report: (Check one) *Interim* _____ *Working Test Final* _____

Certification by Supervisor

I hereby certify that this report constitutes my best judgment of the job performance of this employee and is based on personal knowledge of his/her work. I further certify that I have pointed out areas of deficiency and have informed him/her of the correct and expected manner to perform the job.

I understand that additional justification will be made available to the employee if requested.

If the employee has worked under my supervision less than twelve (12) months, I certify that I have discussed the employee's job performance with the previous supervisor and that the employee's performance during the time under that supervisor is reflected in this review.

Immediate Supervisor's Signature: _____

Printed Name

Title: _____ Date: _____

Name of previous supervisor providing input into this review (if applicable):

Name: _____

Title: _____ Date: _____

I hereby certify that I have carefully reviewed this report and agree with the recommendation given.

Signature of Reviewer: _____

Title: _____ Date: _____

Signature of Reviewer: _____

Title: _____ Date: _____

I have received a copy of this appraisal and it has been discussed with me.

Signature of Employee: _____ Date: _____

Approval by Elected Official/Department Head

Signature of Elected Official/Department Head: _____ Date: _____

Rating Scale: (check one) _____ *Good Performance* _____ *Unacceptable Performance*

_____ This employee ***is recommended*** to be retained.

_____ This employee ***is not recommended*** to be retained.

Area(s) of Deficiency: _____

