

NAU 90 DAY EVALUATION FORM

Employee Name: _____ Today's Date: _____

Initial Start Date: _____ Department: _____

	U	S	G	E	Comments:
<u>Job Understanding:</u> Employee comprehends, recognizes job duties, and possesses the ability to gain insight.					
<u>Job Productivity:</u> In terms of volume and productivity the employee can accomplish tasks.					
<u>Dependability:</u> Employee is focused and purposeful.					
<u>Cooperative/Teamwork:</u> Employee works well with others and can get along with cohorts.					
<u>Time Management Skills:</u> Employee makes adequate use of time and prepares ahead to accomplish tasks.					

General Comments: In terms of strengths, areas for improvement and initial feedback.

Supervisor Title: _____

Supervisor Signature: _____

Date of Review: _____

Employee Signature: _____

*Terms Defined

U=Unsatisfactory

S=Satisfactory

G=Good

E=Exemplary