ST. LAWRENCE UNIVERSITY

New Employee Progress Report ~ Facilities Operations

NAME: _____ DEPARTMENT: _____

DATE EMPLOYED: _____ SUPERVISOR: _____

Codes: A=Exceeds Job Requirements B=Meets Job Requirements C=Needs Improvement D=Unacceptable

First 30 Days

	A	B	C	D
Safety	_	_	_	_
Quality of Work	_	_	_	_
Quantity of Work	_	_	_	_
Following Instructions	_	_	_	_
Attitude Toward Work/University	_	_	_	_
Ability to Get Along with Others	_	_	_	_
Attendance/Punctuality	_	_	_	_

Other: _____

Comments: _____

Signature of Supervisor _____ Date _____ Signature of Employee _____ Date _____

At 45 days, please schedule to meet with Colleen Manley, Associate Director of Human Resources (Ext. 5596).

Signature of Assistant Director, HR _____ Date _____ Signature of Employee _____ Date _____

First 60 Days

	A	B	C	D
Safety	_	_	_	_
Quality of Work	_	_	_	_
Quantity of Work	_	_	_	_
Following Instructions	_	_	_	_
Attitude Toward Work/University	_	_	_	_
Ability to Get Along with Others	_	_	_	_
Attendance/Punctuality	_	_	_	_

Other: _____

Comments: _____

Signature of Supervisor _____ Date _____ Signature of Employee _____ Date _____

First 90 Days

	A	B	C	D
Safety	_	_	_	_
Quality of Work	_	_	_	_
Quantity of Work	_	_	_	_
Following Instructions	_	_	_	_
Attitude Toward Work/University	_	_	_	_
Ability to Get Along with Others	_	_	_	_
Attendance/Punctuality	_	_	_	_

Other: _____

Comments: _____

Signature of Supervisor _____ Date _____ Signature of Employee _____ Date _____

First 120 Days	A	B	C	D
Safety	_	_	_	_
Quality of Work	_	_	_	_
Quantity of Work	_	_	_	_
Following Instructions	_	_	_	_
Attitude Toward Work/University	_	_	_	_
Ability to Get Along with Others	_	_	_	_
Attendance/Punctuality	_	_	_	_

Other: _____

Comments: _____

_____

_____ _____ _____ _____

Signature of Supervisor Date Signature of Employee Date

First 150 Days	A	B	C	D
Safety	_	_	_	_
Quality of Work	_	_	_	_
Quantity of Work	_	_	_	_
Following Instructions	_	_	_	_
Attitude Toward Work/University	_	_	_	_
Ability to Get Along with Others	_	_	_	_
Attendance/Punctuality	_	_	_	_

Other: _____

Comments: _____

_____

_____ _____ _____ _____

Signature of Supervisor Date Signature of Employee Date

First 180 Days	A	B	C	D
Safety	_	_	_	_
Quality of Work	_	_	_	_
Quantity of Work	_	_	_	_
Following Instructions	_	_	_	_
Attitude Toward Work/University	_	_	_	_
Ability to Get Along with Others	_	_	_	_
Attendance/Punctuality	_	_	_	_

Other: _____

Comments: _____

_____

_____ _____ _____ _____

Signature of Supervisor Date Signature of Employee Date

Revised: March 2006