

Five Colleges, Inc. Orientation & Review Period
Employee Performance Appraisal

Employee Name: _____

Position Title: _____

Department: _____

Date of Hire: _____

In accordance with the attached instructions, please complete this form and return it to the Business Office.

The above-named employee's performance is:

- Satisfactory
- 30 Day Extension Requested
- Unsatisfactory – Recommend Termination of Employment

Supervisor's Comments

Signature of Supervisor

Signature of Department Head

Date

Employee's Comments: My supervisor/Department Head has reviewed this evaluation with me and my comments, if any, are given below.

Signature of Employee

Date

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