

**COUNTY COLLEGE OF MORRIS**  
**Performance Evaluation – Fifth Month**

*This evaluation report is a method of communicating with an employee about performance, to explain objectives and answer questions.*

<b>Name:</b>	<b>Position:</b>	<b>Department:</b>
<input type="checkbox"/> <b>New Employee</b> or <input type="checkbox"/> <b>Transfer (check one)</b>	<b>Hire or Transfer Date:</b>	<b>Date of Evaluation:</b>

**FOR THE NEW EMPLOYEE:**

The first six months of employment are a probationary period and a time of orientation and training.

**FOR THE TRANSFERRED EMPLOYEE:**

The first six months of a transfer are a time of dialogue and training. Part-time to full-time employees are also on probation for the first six months of transfer.

*The department head is requested to comment on each of the following items.*

**INTERPERSONAL/COMMUNICATION SKILLS** (employee's attitude, working relationships, interest, flexibility and cooperation)

**APPROACH TO WORK** (employee's learning ability, grasp of instructions and duties, quality of work and quantity of work)

**ATTENDANCE** (employee's punctuality, absenteeism and reliability)

**ADDITIONAL REMARKS**

**UPCOMING GOALS** (e.g. identify future expectation, specific projects and plan of action)

**DEVELOPMENTAL OBJECTIVES** (e.g. job/technical knowledge and planning and organizational skills)

**EMPLOYEE COMMENTS:**

**NEW EMPLOYEE**

- ☐ Recommended for continued employment on completion of probationary period  
☐ Recommend dismissal

**TRANSFER**

- ☐ Currently performing at satisfactory or above level  
☐ Further assessment/training required (see additional remarks)

**DEPT. HEAD SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLEASE FORWARD THIS EVALUATION TO THE HUMAN RESOURCES DEPARTMENT - HH 106 - AS SOON AS COMPLETED.**