

**STATE OF MAINE
BUREAU OF HUMAN RESOURCES
3 MONTH PROBATION REPORT**

EMPLOYEE NAME: _____ SSN: _____ NH/PROM DATE: _____

AGENCY: _____ CLASSIFICATION: _____ 3-MO PROB DATE: _____

Maine Law and Civil Service Rules require that probationary employees, whether on initial or promotional probation, be reviewed at the end of the third month of employment. In order to accomplish that requirement, human resource representatives and program supervisors are being provided this report, which is based upon the criteria established for the Performance Management System. Raters and reviewers should discuss the following competencies with each probationary employee. A more detailed explanation of each competency/criteria may be found on Form PER 119.

AFTER THREE MONTHS OF EMPLOYMENT, HAS THIS PROBATIONARY EMPLOYEE'S PERFORMANCE BEEN SATISFACTORY? Please answer "YES" or "NO" and add any appropriate explanations (e.g., action necessary for improvement) for the following categories and questions.

CORE COMPETENCIES	YES	NO
INITIATIVE:	<input type="checkbox"/>	<input type="checkbox"/>
ADAPTABILITY:	<input type="checkbox"/>	<input type="checkbox"/>
PLANNING/ORGANIZING WORK:	<input type="checkbox"/>	<input type="checkbox"/>
DECISION MAKING:	<input type="checkbox"/>	<input type="checkbox"/>
CUSTOMER SERVICE:	<input type="checkbox"/>	<input type="checkbox"/>
TEAMWORK:	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL RELATIONS:	<input type="checkbox"/>	<input type="checkbox"/>

JOB KNOWLEDGE & SKILL	YES	NO
JOB KNOWLEDGE:	<input type="checkbox"/>	<input type="checkbox"/>
ORAL COMMUNICATION:	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN COMMUNICATION:	<input type="checkbox"/>	<input type="checkbox"/>

TERMS & CONDITIONS	YES	NO
WORKS WHEN SCHEDULED:	<input type="checkbox"/>	<input type="checkbox"/>
REQUESTS/USES TIME APPROPRIATELY:	<input type="checkbox"/>	<input type="checkbox"/>
USES SAFETY CLOTHING/EQUIPMENT:	<input type="checkbox"/>	<input type="checkbox"/>
OBSERVES HEALTH/SAFETY/SANITATION POLICIES:	<input type="checkbox"/>	<input type="checkbox"/>
FOLLOWS ALL OTHER RULES/POLICIES:	<input type="checkbox"/>	<input type="checkbox"/>

MANAGERS/SUPERVISORS ONLY	YES	NO
DELEGATION/FOLLOW-UP:	<input type="checkbox"/>	<input type="checkbox"/>
STAFFING:	<input type="checkbox"/>	<input type="checkbox"/>
COACHING/COUNSELING:	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYEE DEVELOPMENT:	<input type="checkbox"/>	<input type="checkbox"/>
QUALITY FOCUS:	<input type="checkbox"/>	<input type="checkbox"/>
PLANNING/ORGANIZING:	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "NO" to any of the above explain, in detail, the nature of the problem and corrective action necessary to meet probationary standards. (Use attached additional sheet if necessary)

Has this employee received a written job description for the position? YES NO

EXPLAIN: _____

Has this employee been advised of performance expectations for the position? YES NO

EXPLAIN: _____

Has this employee received supervisory orientation? YES NO

EXPLAIN: _____

Has this employee been scheduled for New Employee Orientation? (Required by law) YES NO

EXPLAIN: _____

Has this employee made reasonable progress toward achieving the performance expectations established on Section 3 of the Performance Management Form (PER 119)? YES NO

EXPLAIN: _____

Has this employee made reasonable progress toward achieving full performance standards? YES NO

EXPLAIN: _____

Has the employee been advised of any job-related performance problem(s) in writing? (Recommended) YES NO

EXPLAIN: _____

At this mid-way point of probation, is the employee in jeopardy of failing to meet established performance standards and not attaining permanent status? YES NO

EXPLAIN: _____

EMPLOYEE SIGNATURE & DATE: _____ RATER SIGNATURE & DATE: _____

REVIEWER SIGNATURE & DATE: _____

ADDITIONAL INFORMATION