



# ARCHDIOCESE OF MIAMI

## EMPLOYEE PERFORMANCE REVIEW: INTRODUCTORY PERIOD

<b>Name</b> (Last, First)	
<b>Position Title:</b>	
<b>Office Name:</b>	
<b>Supervisor:</b>	
<b>Date of Hire:</b>	
<b>Period Reviewed (dates):</b>	
<b>Date of this Review:</b>	

According to Archdiocese of Miami policy, a review of a new employee’s performance will generally be conducted at the conclusion of the three-month introductory period. Introductory period may be extended to six months upon supervisory discretion.

*Supervisor directions:* Please rate each area of performance by placing a check mark in one of the four descriptions. Explain each “targeted area for improvement” in the comments section by identifying specifically what (and how) needs to improve. A Performance Improvement Plan should be included for areas rated as “unacceptable”.

	Area to be Rated	Exceeds Standards	Meets Standards	Targeted Area for Improvement	Unacceptable
1	Position Knowledge and Competence				
2	Technical Skills				
3	Work Quality				
4	Productivity (Quantity)				
5	Responsibility and Dependability				
6	Attendance and Punctuality				
7	Interpersonal Relations				
8	Attitude				
9	Communication				
10	Time Management				
11	Support of Mission and Guidelines				
12	Other _____				
13	Other _____				



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### Overall Rating of Performance

The compilation of ratings selected for each of the categories should be used to determine the overall performance rating. Select the description.

\_\_\_\_\_ **Exceeds Standards:** Employee demonstrates superior performance in position. One area may be targeted for improvement

\_\_\_\_\_ **Meets Standards:** Employee demonstrates good performance within the expectations of the position. Exceeds standards in some areas and may have one to two targeted areas for improvement.

\_\_\_\_\_ **Meets Minimum Standards:** Employee generally meets standards for position. One to three areas are targeted for improvement. Another review should be completed after 90 days.

\_\_\_\_\_ **Unacceptable Performance:** Unacceptable performance in position. At least one area is rated as “unacceptable”. The following action will be taken:

\_\_\_\_\_ Performance Improvement Plan (attached) with another review completed in

- a. 30 days
- b. 60 days
- c. 90 days

\_\_\_\_\_ Termination of Employment

### Supervisor Comments:

### Employee Comments:

Supervisor Signature / date: \_\_\_\_\_

Employee Signature / date: \_\_\_\_\_

Copies: Personnel folder; Pastor / Principal / Administrator