SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT
90 DAY PROBATIONARY REVIEW –NON REP
Promotion/Transfer

NAME:		**DATE OF TRANSFER/PROMOTION:**	
JOB CLASSIFICATION:		**DEPARTMENT:**	
REPORTING TO:		**COSTCENTER:**	
DATE BEGINNING:		**DATE ENDING:**	
PROBATIONARY PERIOD:		**PROBATIONARY PERIOD:**	

DATE OF FIRST EVALUATION 30 CALENDAR DAYS	DATE OF SECOND EVALUATION 60 CALENDAR DAYS	DATE OF THIRD EVALUATION 80 CALENDAR DAYS

PERFORMANCE RATING

OUTSTANDING	SUPERIOR	EFFECTIVE	MARGINAL	UNSATISFACTORY
5	4	3	2	1

Rate each of the following categories by placing the correct number as indicated in the chart above as it relates to the employee. **This form can be used for all four probationary evaluations meetings** and submitted at the completion of the probationary period, unless you are rating an individual Marginal or Unsatisfactory. In these cases, please contact **Prem Bajaj at ext. 7532** or **Patrice McElroy at ext. 6885** in Workforce Development (Employee Relations Office) for further assistance.

HOW WOULD YOU RATE THE EMPLOYEE AT THIS TIME IN THE FOLLOWING CATEGORIES:

RATING DESCRIPTION	EVALUATION NO. I	EVALUATION NO. II	EVALUATION NO. III
Attendance			
Ability to work with others			
Ability to follow instructions			
Ability to learn			
Employee/supervisor communications			
Ability to analyze problems/assignments and apply a reasonable solution			
Rate the employee's performance while assigned to you.			
Rate the employee's ability to be upgraded within your department.			
If the employee's job depended upon this evaluation, what rating do you feel is justifiable at this time?			
Rate the employee's overall performance and capabilities.			
Dates discussed with employee.			

Overall Performance Rating: _____

_____

Immediate Supervisor **Date**

_____

Department Manager **Date**

_____

Employee **Date**

RETURN THE COMPLETED FORM TO PREM BAJAJ, WORKFORCE DEVELOPMENT TEAM, LKS-20 or EMAIL to HRPL@bart.gov. PLEASE DO NOT FAX!