SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT
180 DAY PROBATION REVIEW – NON REP
NEW HIRE

EMPLOYEE NAME:		**DATE OF HIRE/PROMOTION:**	
JOB CLASSIFICATION:		**EMPLOYEE ID#:**	
REPORTING TO:		**COST CENTER:**	
PROBATIONARY PERIOD BEGIN DATE:		**PROBATIONARY PERIOD END DATE:**	

First Evaluation Date 30 CALENDAR DAYS	Second Evaluation Date 60 CALENDAR DAYS	Third Evaluation Date 90 CALENDAR DAYS	Fourth Evaluation Date 120 CALENDAR DAYS	Fifth Evaluation Date 170 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 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 immediately send an email to **workforcedevelopment@bart.gov** for further assistance.

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

RATING DESCRIPTION	Evaluation I	Evaluation II	Evaluation III	Evaluation IV	Evaluation V
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 not applicable, N/A)					
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.					
Date/Employee Initials					
Date/Supervisor Initials					

Overall Performance Rating: _____

_____

Immediate Supervisor **Date**

_____

Department Manager **Date**

_____

Employee **Date**

RETURN THE COMPLETED FORM TO WORKFORCEDEVELOPMENT@BART.GOV. PLEASE DO NOT FAX!