ABILENE CHIRSTIAN UNIVERSITY

90-Day Employee Review

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| Employee Name: | Banner ID: |
| Department: | Employee Job Title: |
| Employment Date: | Supervisor: |
| ( ) Exempt ( ) Nonexempt | Review Date: |

The purpose of this form is to encourage positive communication between the supervisor and employee regarding job performance.

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| Are the job technical skills satisfactory? ( ) Yes ( ) No |
| If “No,” What skills are needed, and has a training plan been developed to receive those skills? |
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| Outstanding Strengths of employee which should be noted:  |
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| Weaknesses which may affect job performance: |
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| Additional Comments: |
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My supervisor has discussed this review with me. (Employee comments should be made on the 90-Day Employment Follow-Up Questionnaire and returned to the Human Resources, Box 29106, with this review.)

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| Supervisor Signature | Title: | Date: |
| Employee’s Signature | Title: | Date: |