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:	☐	☐
ADAPTABILITY:	☐	☐
PLANNING/ORGANIZING WORK:	☐	☐
DECISION MAKING:	☐	☐
CUSTOMER SERVICE:	☐	☐
TEAMWORK:	☐	☐
INTERPERSONAL RELATIONS:	☐	☐

JOB KNOWLEDGE & SKILL	Yes	No
JOB KNOWLEDGE:	☐	☐
ORAL COMMUNICATION:	☐	☐
WRITTEN COMMUNICATION:	☐	☐

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)

TERMS & CONDITIONS	Yes	No
WORKS WHEN SCHEDULED:	☐	☐
REQUESTS/USES TIME APPROPRIATELY:	☐	☐
USES SAFETY CLOTHING/EQUIPMENT:	☐	☐
OBSERVES HEALTH/SAFETY/SANITATION POLICIES	☐	☐
FOLLOWS ALL OTHER RULES/POLICIES:	☐	☐

MANAGERS/SUPERVISORS ONLY	Yes	No
DELEGATION/FOLLOW-UP	☐	☐
STAFFING:	☐	☐
COACHING/COUNSELING:	☐	☐
EMPLOYEE DEVELOPMENT:	☐	☐
QUALITY FOCUS:	☐	☐
PLANNING/ORGANIZING:	☐	☐

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 full 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