

**LINN-BENTON COMMUNITY COLLEGE
PERFORMANCE APPRAISAL FOR TRIAL SERVICE EMPLOYEES**

This form is **ONLY** to be used three months after date of employment. A more detailed Classified Staff Performance Appraisal form is used for six months, yearly, and all other reviews.

Employee Name:

LBCC ID #:

Department:

1. **Employee understands job duties:** YES _____ NO _____
Specific Strengths:

2. **Employee is meeting department job standards:** YES _____ NO _____

3. **Employee is progressing on schedule at this point:** YES _____ NO _____
If not, explain:

4. **Supervisor and employee have discussed job problems, if any, and specific plans for improvement include:**

Supervisor Signature

Date

Employee Signature

Date

♦ Return to Human Resources, CC-108.