



**180 Day Employment Evaluation Form  
For ACCCOSAP and Exempt Management Staff**

*Note: The trial or probationary employment period for ACCCOSAP and exempt management employees is 180 calendar days. The purpose of this evaluation is to identify strengths and areas in need of improvement at the conclusion of the trial employment period.*

Employee's Name: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_

Date Assignment Began: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Date of this Review: \_\_\_\_\_

The supervisor should provide narrative responses to the following:

1. State the employee's overall strengths through his/her trial employment period. Please elaborate.
2. Please comment on this employee's ability to acclimate himself/herself to the workings of the department and the overall college.
3. Describe this employee's performance in managing, supervising, mentoring and/or disciplining his/her subordinates, if applicable.
4. Identify areas where you feel that this employee's performance has been below expectation and that improvement is necessary or suggested. Elaborate.
5. What training, course work or written materials do you recommend that this employee access in order to enhance his/her performance?

The employee and supervisor should meet to discuss the supervisor's narrative comments. The employee should then prepare typewritten responses to the supervisor's comments and return them to the supervisor for attachment to this document. The supervisor and the employee should both sign the bottom of each page indicating that they have read the pages. All documentation should be stapled to this cover page and returned to the Human Resources Department promptly.

**Atlantic Cape Administrative/Managerial Staff 180-dDay  
Probationary Employment Evaluation**

**Signature Page:**

I have reviewed this report on the date indicated and have had the opportunity to discuss it with my supervisor. My signature does not necessarily mean that I agree with the report.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date