	-month	6-month	9-mon	th	12-month
NAME	:		POSITION	1:	
DEPAF Certific Require	cation(s) required:		DATE OF		
I.	RATING OF EM	IPLOYEE:	(Carefully evaluate	each)	
	Quality of Work Quantity of Work Communications Work Conduct/Behavior Attendance		Unsatisfactory	Satisfactory	Above Average
II.	Number of unex	cused absence	es/tardies since last	evaluation:	
III.	Number of preve	entable accide	nts since last evaluation	ation:	
IV.	OVERALL EVA	LUATION: Substanda making pro	rd but Doing		he same or similar position itely Outstanding avg.
V.	COMMENTS*: A. Areas of		required		
		eding Improv	ement/Any Recent	Disciplinary A	ction:
	B. Areas Ne	6 I I			
VI.	RECOMMEND. A. Do you re employee	ATION: ecommend the	No	employee be co	ontinued as a regular