OKLAHOMA BAPTIST UNIVERSITY

90-Day Performance Review

Employee Information		
Employee Name: _____	**ID #:** _____	**Review Period:** ____ **to** ____
Job Title: _____	**Department:** _____	
Date of Hire/Transfer: _____		

Ratings

AREA	Unsatisfactory	Needs Improvement	Meets Expectations	Above Average	Superior
1. Job knowledge	☐	☐	☐	☐	☐
2. Work quality	☐	☐	☐	☐	☐
3. Judgment	☐	☐	☐	☐	☐
4. Initiative	☐	☐	☐	☐	☐
5. Communication / Listening	☐	☐	☐	☐	☐
6. Work ethic	☐	☐	☐	☐	☐
7. Professional conduct	☐	☐	☐	☐	☐
8. Attendance	☐	☐	☐	☐	☐

Supervisor's Comments:

_____

Comments are required for all ratings except "Satisfactory". Schedule date to review progress if employee is marked "Unsatisfactory" or "Needs improvement" on any area; schedule meeting with Human Resources if employee is marked "Unsatisfactory" or "Needs Improvement" on two or more areas.

Employee strengths and/or areas needing improvement or unsatisfactory and actions taken to help employee improve job performance:

_____

_____

_____

_____	_____
Supervisor's Signature	Date

Employee:

Comments: _____

_____

_____	_____
Employee's Signature	Date

Reviewing official:

Comments: _____

_____

_____	_____
Reviewing Official's Signature	Date