FORM NO DER-PER-19 (6-82) report

STATE OF WISCONSIN DEPARTMENT OF EMPLOYMENT RELATIONS STATE DIVISION OF PERSONNEL

Three month probationary
Six month probationary
report
Final probationary report
Training qualification report

- 1. Supervisor-Check type of report above, complete remainder of form including signing and dating.
- 2. Discuss with employee and obtain employee's signature.
- 3. Forward to agency personnel office for agency head review and signature. Agency retains all copies of form & distributes them.
- 4. For Trainee, if requesting a shortened or lengthened training period, submit entire form to Division of Personnel, Department of Employment relations, for approval or denial.
- 5. When terminating a probationary employee, send yellow copy to Division of Personnel, Department of Employment Relations, accompanied by copy of termination letter.

Name of Employee				Da	ate Hi	ed or Promoted	Position Number				
Agency UW System/UW La Crosse				Ad	dvanc	ement or End of Prob. Da	ate E	Employee I.D.			
Employing Unit or Employee Location					Classification or Objective Class						
				-							
E=Excellent G=Good A=Average P=Poor U=Unsatisfactory E G A				Р	Use the space marked Rationale for Rating to provide facts your request to lengthen or shorten the training program trainee. Send all copies to the State Division of Personnel requesting this action.					ram of a	
Quality of Work	<u> </u>		, ,	-		Rationale for rating:					
Judgment Traditional Television Fraction and Television Fraction Frac											
Dependability											
Initiative											
Rate of Learning											
Work Habits											
Ability to get alo with others in wo environment											
Give an overall appraisal of the employee's job performance											
What can the employee do to increase their value to the organization?											
Have you discussed an improvement p					ogra	n with the employee?		Yes		No	
Recommendations if other than three month report (check box for yes answer)											
 □ Non-Trainee □ Trainee □ Permanent appointment □ Advance to objective classification □ Needs further training (no pay increase) □ Terminate 											
Date This evaluation has been discussed with me Employee signature Supervisor signature											
Dean Signature						Human Resource R	lepresent	ative		Date	