



COMMUNITY COLLEGE
OF RHODE ISLAND

CCRIPSA Quarterly Probationary Report

Employee's Name:

Position Number:

Department:

Pay Grade/ Job Title:

Supervisor:

Period from _____ to _____

OVERALL PERFORMANCE

Briefly summarize the employee's overall performance as:

_____ *Making Satisfactory Progress*

_____ *Needs Improvement*

_____ *Employment in Jeopardy*

SETTING GOALS FOR SUCCESS

If employee's overall performance is less than satisfactory, please describe the plan of action:

Supervisor's Signature _____ Date: _____

Employee's Final Comments (optional)

Employee's Signature _____ Date: _____