



WORKING TEST APPRAISAL FOR CLASSIFIED EMPLOYEES

State Form 53740 (R / 6-11)

*This form will be used to evaluate employee performance during the working test period for CLASSIFIED EMPLOYEES only.
IC 4-15-2.2-34*

Name of Employee	Employee Identification Number / Last Four (4) Digits of SSN
Class Title / Class Code	Division
Name of Supervisor	Review Period From to

RATING SCALE

- Meets Expectations: Consistently meets the requirements of the job in all aspects
- Needs Improvement: Sometimes acceptable, but not consistent; needs improvement to meet expectations
- Does Not Meet Expectations: Does not meet the minimum standards of performance

COMPETENCIES

1.		
Results:		Rating ☐ Meets Expectations ☐ Needs Improvement ☐ Does Not Meet Expectations
2.		
Results:		Rating ☐ Meets Expectations ☐ Needs Improvement ☐ Does Not Meet Expectations
3.		
Results:		Rating ☐ Meets Expectations ☐ Needs Improvement ☐ Does Not Meet Expectations
4.		
Results:		Rating ☐ Meets Expectations ☐ Needs Improvement ☐ Does Not Meet Expectations
5.		
Results:		Rating ☐ Meets Expectations ☐ Needs Improvement ☐ Does Not Meet Expectations
6.		
Results:		Rating ☐ Meets Expectations ☐ Needs Improvement ☐ Does Not Meets Expectations

DEVELOPMENTAL NEEDS *(If requesting an extension)*

Competency to Develop	Developmental Activities
	1.
	2.
	3.
Competency to Develop	Developmental Activities
	1.
	2.
	3.
Competency to Develop	Developmental Activities
	1.
	2.
	3.

PERFORMANCE REVIEW SUMMARY

Overall Rating: ☐ Meets Expectations		☐ Successfully Completed. Permanent Status Granted. Effective Date (month, day, year):	
☐ Needs Improvement		☐ Request Extension for Six (6) Months. Effective Date (month, day, year):	
State Personnel Director Approval:		Date (month, day, year):	
☐ Does Not Meet Expectations		☐ Working Test Period Terminated. Effective Date (month, day, year):	

ADDITIONAL COMMENTS

CERTIFICATION

I hereby certify that this report constitutes an accurate evaluation using my best judgment of the service performed by this employee for the review period covered.			
Signature of Evaluator	Signature of Reviewer	Signature of Appointing Authority	Date (month, day, year)
I hereby certify that I have had an opportunity to review this report and understand that I am to receive a copy. I am aware that my signature does not necessarily mean I agree with the rating.			
Signature of Employee			Date (month, day, year)