**City of Madison Employee Onboarding Report**

This form is to be used to document and discuss the previous three months of performance in a position with the City of Madison, within the first year of service. It is important to ensure that supervisors include objective observations of the employee’s performance and obtain feedback from the employee/other staff/leadworkers, as necessary to ensure accuracy of the report.

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| NAME OF EMPLOYEE | DEPARTMENT REPORT |
|       |       |
| SUPERVISOR REPORTING | ADDITIONAL INFO PROVIDED BY |
|       |       |

**To be completed prior to meeting with the employee:**

I. Supervision/Dependability

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| Does the employee accept direction and feedback well? |
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| Is the employee punctual, and do they follow all necessary work rules? |
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| Does the employee demonstrate initiative in identifying ways to best meet the needs of the organization and public? |
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| Does the employee meet expected deadlines and expectations related to quantity and quality of work? |
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| Include any additional supervisory comments or concerns related to the employee’s job performance. |
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II. Relationships

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| Has the supervisor provided an “onboarding support” to assist the employee in feeling welcome in the organization? If no, please include onboarding support name and contact information. |
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| Is the employee interacting with other employees and external customers with respect and courtesy, and in accordance with the organizational values? |
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| Are there any supervisory concerns related to the employee or agency’s multicultural awareness? |
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III. Overall Performance

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| Provide two to three examples that are demonstrative of the employee’s job performance. |
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| Does the employee ask questions or for assistance where appropriate? |
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| Does the employee demonstrate adequate understanding of the agency’s vision and values?  |
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**To be completed with the employee:**

IV. Expectations/Support:

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| Does the employee understand all core responsibilities listed on the position description?  |
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| Does the employee feel comfortable giving feedback and communicating their needs with the appropriate supervisory staff?  |
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| Does the employee feel comfortable with their ability to perform all key responsibilities?  |
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| Describe tools and trainings to be used to better develop the core competencies for the position. |
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| Does the supervisor feel the employee is developing at an appropriate rate? Describe tools and trainings to be used to better develop the core competencies for the position. |
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| Are there any changes the supervisor could make to better understand what the employee needs to be engaged in their work? |
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| Does the employee feel welcome in the organization? |
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| Does the employee feel adequately supported in carrying out their responsibilities? Has the supervisor communicated the vision and values? |
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**To be completed by the supervisor:**

V. Summary

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| If this were a final probationary report, would the employee meet expectations? Describe tools and trainings to be used to better develop the employee, or specific areas the employee should focus on developing over the next three months. |
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| Overall assessment of the employee in the previous three months: |
| [ ]  Exceeds Expectations | [ ]  On Track | [ ]  Does Not Meet Expectations |

This form should be used to report the employee’s performance and acclimation into the work unit at three month intervals, during the first 6 to 12 months of employment. It is a guide for the supervisor and employee to have an interactive discussion regarding any concerns or issues identified during the onboarding period. Indicate whether this is an initial or final report. [ ]  Initial [ ]  Final

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The City maintains the right to extend a probation or trial period, and to terminate the employee at any time during a probation period. In the case of a trial period, an employee or employer may elect for the employee to return to the previous position.

If this is the final report, please indicate the employee’s status:

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| [ ]  Pass | [ ]  Extend | [ ]  Release from Service |
|  | Length of Extension:        | (Max. 12 months) |  |

I       (employee’s name), certify that I have discussed this report with my supervisor.

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| EMPLOYEE SIGNATURE | SUPERVISOR SIGNATURE |
|  |  |
| DEPARTMENT HEAD SIGNATURE | DATE |
|  |       |