

INTRODUCTORY ASSESSMENT FORM

VICE PRESIDENT FOR ADMINISTRATION



Please use this form to evaluate whether the employee is a good fit for the position and whether the introductory status of the employee should be removed.

Employee Name: _____ CWID: _____

Department: _____ Title: _____

Initial Review

- | | | | |
|--|------------------------------|-----------------------------|------------------------------------|
| Is the employee a good fit for the position? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Is the employee a good fit for the team? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Are the employee's job required technical skills satisfactory? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Are the employee's attendance and punctuality satisfactory? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |

Living Pepperdine Review

- | | | | |
|--|------------------------------|-----------------------------|------------------------------------|
| Does the employee consistently/fully participate in daily line-ups? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Do the employee's words and actions meet the Living Pepperdine standards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Does the employee incorporate the values of Living Pepperdine into his/her daily work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Does the employee promote goodwill with colleagues, students, and/or guests of the University? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |

Living Pepperdine Standards

Rating System:

Consistently Exceeds Expectations (CEE) Exceeds Expectations (EE) Meets Expectations (ME) Inconsistently Meets (IME) Does Not Meet (DNME)

I am a proud **ambassador** of Pepperdine University and its Christian mission, and I conduct myself accordingly.

- CEE EE ME IME DNME Uncertain

I **honor our students** as the heart of the institution.

- CEE EE ME IME DNME Uncertain

I am **honest, authentic**, and work with **integrity**.

- CEE EE ME IME DNME Uncertain

I treat everyone with **respect and dignity**.

- CEE EE ME IME DNME Uncertain

I intentionally **recognize** my colleagues for their good work.

- CEE EE ME IME DNME Uncertain

I **understand my role** in achieving the allure that is Pepperdine.

- CEE EE ME IME DNME Uncertain

I **communicate** effectively, seeking to hear and understand, while delivering information others need.

- CEE EE ME IME DNME Uncertain

I take ownership of **complaints and concerns**, resolving them to satisfaction personally or with the help of others.

CEE EE ME IME DNME Uncertain

I am proud of my **professional appearance, language, and behavior**.

CEE EE ME IME DNME Uncertain

While continuously seeking ways to **improve** the University, I value **teamwork, collaboration, and consensus** in my department and across the institution.

CEE EE ME IME DNME Uncertain

I am responsible for the quality of the environment for the University community, including promoting and maintaining **functionality, safety, and cleanliness**.

CEE EE ME IME DNME Uncertain

Evaluation

In what ways does the employee embody the values of Living Pepperdine?

How can the employee improve in incorporating the Living Pepperdine standards into his/her daily work?

What are the employee's outstanding strengths?

Which weaknesses affect his/her job performance?

Additional comments?

Recommendation

- Remove employee from introductory status.
- Extend introductory period until (date): _____
- Employee did not successfully complete introductory period.

My supervisor has discussed this assessment with me. (Employee comments may be made on the back of this form or in a separate memorandum to the supervisor with a copy to Human Resources.)

Employee Signature: _____

Date: _____

Immediate Supervisor: _____

Date: _____

Department Supervisor: _____

Date: _____

Please forward completed form to Compensation & Employment workgroup within HR to ensure timely processing.