

90-DAY/6-MONTH PERFORMANCE UPDATE



- 90-Day Performance Update
(all associates)
- 6-Month Performance Update
(pay classes 7 and above only)

ASSOCIATE NAME: _____

JOB TITLE: _____

BUSINESS LOCATION: _____ HIRE DATE: _____

This area is required for 90-day Performance Updates only

	YES	NO
Has the associate successfully completed the 90-day probationary period?	<input type="checkbox"/>	<input type="checkbox"/>
Is the associate able to recite the TPI Vision Statement?	<input type="checkbox"/>	<input type="checkbox"/>
Is the associate able to recite all nine Core Values?	<input type="checkbox"/>	<input type="checkbox"/>
Has the associate successfully completed the Sex Trafficking training?	<input type="checkbox"/>	<input type="checkbox"/>
Has the associate signed a completed New Hire Orientation Timeline?	<input type="checkbox"/>	<input type="checkbox"/>

✓ **GOALS**

ASSOCIATE > What would you like to learn or experience to make your role at TPI more satisfying?
 ¿Qué le gustaría aprender o experimentar para que su rol en TPI sea más satisfactorio?

SUPERVISOR > What I believe you could learn or experience to make your role at TPI more satisfying:
 Lo que creo que podría aprender o experimentar para que su rol en TPI sea más satisfactorio:

✓ **OBJECTIVES**

ASSOCIATE > What steps will you take before your next performance appraisal to reach the goals mentioned above?
 ¿Qué pasos tomará antes de su próxima evaluación de desempeño para alcanzar las metas mencionadas anteriormente?

SUPERVISOR > Steps that I will take before your next performance appraisal to help you reach the goals mentioned above.
 Pasos que tomaré antes de su próxima evaluación de desempeño para ayudarlo a alcanzar las metas mencionadas anteriormente.

SpellCheck

Associate Signature: _____	Date: _____
Department Head Signature: _____	Date: _____
General Manager Signature: _____	Date: _____
Senior/Vice President Signature (if required): _____	Date: _____
COO Signature (if required): _____	Date: _____