**King Mongkut’s University of Technology Thonburi**

Evaluation Form for Trial Period of KMUTT’s Operation Staff in **Academic Fields**

Date of 1st evaluation:

Date of 2nd evaluation:

Date of 3rd evaluation:

Date of 4th evaluation:

**Part I: Basic Information**

1. Name of Evaluatee:

 Educational Degree:

 Position:

 Affiliation:

 Trial started from to

 Total duration of trial period years

**Part II: Guidance/ Suggestion/ Supervision**

I have been working under the guidance/ suggestion/ supervision of (Mr. / Mrs. / Miss)

**Part III : Comment of Head of Department/Chairman of Program or Primary Superior**

The 1st comment

The 2nd comment

The 3rd comment

The 4th comment

 Signature

 ( )

Position

Date

Part IV : Summary Report of Trial Evaluation Result

1. Evaluation summary of 2-year trial starting from

Date………...month…………………Year B.E.………..to

Date………...month…………………Year B.E.………..to

1. The report form of work performance, qualification for work evaluation, and individual qualification evaluation used in each trial evaluation must be enclosed. In addition, the evaluation of each trial must be summarized according to the following form:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Round | Fiscal year periodFrom…..to…. | Evaluation Report | Average score/Academic year | Percentage | Pass | Fail | Minimum Score |
| 1st  | Fiscal year1st evaluation( ) | Academic fieldsGroup 1Group 2Group 3Group 4 |  |  |  |  |  |
| Grade: Total |  |  |  |  |  |
| Work Performance and Individual Qualification |  |  |  |  | 60% |
| 2nd  | Fiscal year2nd evaluation( ) | Academic fieldsGroup 1Group 2Group 3Group 4 |  |  |  |  |  |
| Grade: Total |  |  |  |  |  |
| Work Performance and Individual Qualification |  |  |  |  | 60% |
| 3rd  | Fiscal year3rd evaluation( ) | Academic fieldsGroup 1Group 2Group 3Group 4 |  |  |  |  |  |
| Grade: Total |  |  |  |  |  |
| Work Performance and Individual Qualification |  |  |  |  | 60% |
| 4th  | Fiscal year4th evaluation( ) | Academic fieldsGroup 1Group 2Group 3Group 4 |  |  |  |  |  |
| Grade: Total |  |  |  |  |  |
| Work Performance and Individual Qualification |  |  |  |  | 60% |

**Part V : Suggestion/ Comment**

**A. Comment on the 1st evaluation**

1. Comment of Committee accompanied with the trial evaluation

2. Result

⭘ Approve of the trial continuing

⭘ Approve of the trial continuing with the following improvements

⭘ Approve of the expulsion because

⭘ Other

**B. Comment on the 2nd evaluation**

1. Comment of Committee accompanied with the trial evaluation

2. Result

⭘ Approve of the trial continuing

⭘ Approve of the trial continuing with the following improvements

⭘ Approve of the expulsion because

⭘ Other

**C. Comment on the 3rd evaluation**

1. Comment of Committee accompanied with the trial evaluation

2. Result

⭘ Approve of the trial continuing

⭘ Approve of the trial continuing with the following improvements

⭘ Approve of the expulsion because

 ⭘ Other

**D. Comment on the 4th evaluation**

1. Comment of Committee accompanied with the trial evaluation

2. Result

⭘ Approve of the trial continuing

⭘ Approve of the trial continuing with the following improvements

⭘ Approve of the expulsion because

 ⭘ Other

1. Signature...................................................Chairman of

Committee

(.................................................)

2. Signature...................................................Committee

(.................................................)

3. Signature...................................................Committee

(.................................................)

4. Signature...................................................Committee

(.................................................)

5. Signature...................................................Committee

(.................................................)

**Part VI : Comment and Order of Authorized Person for Appointment**

⭘ Agree on the above mentioned evaluations, procedures and 3-year

 renewal of agreement.

⭘ Disagree on the above mentioned evaluations and procedures as follows:

 (Please give the reason for the above comment)

Signature………………………………

 (…………………………………..)

Position: ………………………….……

 Date…...Month………..Year B.E.………

**Manual and Explanation**

**for the application of evaluation form for trial period of KMUTT’s operation staff in academic fields**

1. Objective

The evaluation form for trial period is produced with the purposes of the systematic and stand consideration for the trial evaluation of KMUTT, and of acquiring qualified and appropriate staff to continue working for KMUTT.

1. Procedures of Trail Evaluation

2.1 Human Resources Management Office notifies Trial Evaluation Committee and Superior of the appointment order assigned to trial person by enclosing the evaluation form for trial result and completing Part I.

2.2 When it is the duration of evaluation (every 6 months or every semester), superior completes Part II and III and submits it to the Trial Evaluation Committee.

2.3 Trial Evaluation Committee evaluates according to Evaluation Form for Work Performance, Evaluation Form for Qualification for Work and Individual Qualification. These three evaluation forms must be regularly enclosed with the trial evaluation. Then, the trial evaluation summary must be completed in Part IV of the form. The evaluation form must be submitted to the superior in each time of evaluation. The Head will inform trial person about the result of evaluation.

2.4 For evaluation criteria, a staff who has passed all evaluation criteria will be considered pass in the trial duration.

2.5 Human Resources Management Office notifies the Appointment Authorized Person of the trial evaluation result for the further comment.

1. Explanation of Evaluation Form

Part I Human Resources Management Office completes details of the evaluatee.

Part II and III Superior completes these two parts.

Part IV Trial Evaluation Committee evaluates according to the form set

by KMUTT, the same as evaluation form for changing status of government officer, and evaluation form for annual augmentation of salary which must be enclosed together with trial evaluation summary as Part IV of form.

Part V Trial Evaluation Committee summarizes the comment in each

 evaluation by details according to the form and must put a  **✓** in

 a summary box.