King Mongkut's University of Technology Thonburi
Evaluation Form for Trial Period of KMUTT’s Operation Staff in other Professional Fields

Part I : Basic Information
1. Name of Evaluatee .......................................................................................................................
   Educational Degree ......................................Position...............................................................
   Affiliation............................................................................................................................................
   Trial started from………………….………………………to………………………………………………..
   A total duration of trial period…………..2…………….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 1 st comment…………………………………………………………………………………….……..
   ……………………………………………………………………………………………………………………
   ……………………………………………………………………………………………………………………
   The 2 nd comment…………………………………………………………………………………………..
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………
   The 3 rd comment…………………………………………………………………………………………..
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………
   The 4 th comment…………………………………………………………………………………………..
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………

Signature………………………………………
(…………………………………….)
Position…………………………………….
Date…….Month……..Year B.E.…….….
### 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

2. 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:

<table>
<thead>
<tr>
<th>Round</th>
<th>Period From……to…..</th>
<th>Evaluation Report</th>
<th>Received Score/Full Score</th>
<th>Percentage</th>
<th>Pas</th>
<th>Fail</th>
<th>Minimum Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>1st Work performance according to job description, qualification for work and individual qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60%</td>
</tr>
<tr>
<td>2nd</td>
<td>2nd Work performance according to job description, qualification for work and individual qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60%</td>
</tr>
<tr>
<td>3rd</td>
<td>3rd Work performance according to job description, qualification for work and individual qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60%</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Work performance according to job description, qualification for work and individual qualification</td>
<td></td>
<td></td>
<td>60%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part V: Suggestion/Comment**

**A. Comment on the 1<sup>st</sup> 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
     ……………………………………………………………………………………………………………………
     ……………………………………………………………………………………………………………………
     ……………………………………………………………………………………………………………………
     ……………………………………………………………………………………………………………………

**B. Comment on the 2<sup>nd</sup> 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

   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………

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

   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………
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

1. Signature..................................................Chairman of Committee
   (.................................................)

2. Signature..................................................Committee
   (.................................................)

3. Signature..................................................Committee
   (.................................................)

4. Signature..................................................Committee
   (.................................................)

5. Signature..................................................Committee
   (.................................................)

Date.............Month.............................B.E....................
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 other professional 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.

2. Procedures of Trial Evaluation
2.1 Human Resources Development Division 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), 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 Development Division notifies the Appointment Authorized
Person of the trial evaluation result for the further comment.

3. Explanation of Evaluation Form
Part I Human Resources Development Division complete details of
evaluated.

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.