



Probationary Progress Review

Review Interval:		
6-month	Probationary Period End	Other: _____

Employee Name (Last, First, Middle)		Banner ID
Position Number	Role Title	Working Title
Employment Start Date	Division	Department
Supervisor Banner ID	Supervisor's Name	Supervisor's Title

Comments on Overall Progress (Attachments may be added if necessary. Indicate # of attachments here: ____)

Overall Results of Review	
Achiever	Performance shows consistent achievement toward meeting performance expectations
Unsatisfactory Performer	Performance shows deficiencies which interfere with the attainment of expectations
Probationary period extended due to performance . Date:	In accordance with the Probationary Policy, the probationary period is extended for performance reasons. Extensions may be up to six additional months (three months for newly promoted employees to supervisory position or employees hired from other state agencies).
Probationary period extended due to leave . Date:	In accordance with the Probationary Policy, the probationary period is extended for employees who are absent on any type of leave, with or without pay for periods in excess of fourteen consecutive calendar days. The probationary period is extended for the number of days absent.

Employee Development Plan	
Personal Learning Goals	Learning Steps/Resource Needs

Signatures/Employee's Comments on Review	
Supervisor's Signature:	Date:
Employee's Signature:	Date:
Employee's Comments on Review:	