

## Probationary Progress Review

Projected Probationary End Date:

### Review Interval

3-month  6-month  Probationary Period End  Other (Can be used at any time during the probationary period):

Employee Name (Last, First, Middle)	Employee 93 Number
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Position Number	Title
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Department	Sub-Division
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Employment Date	Supervisor's Name	Supervisor's Title
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**Comments on Overall Progress** (Indicate progress toward meeting Performance Plan. Attachments may be added if necessary. Indicate # of attachments here: \_\_\_\_\_)

### Overall Results of Review

<input type="checkbox"/> Contributor	Performance shows consistent achievement toward meeting established performance expectations.
<input type="checkbox"/> Below Contributor	Performance shows deficiencies which interfere with the attainment of performance expectations.
<input type="checkbox"/> Probationary Period Extended	In accordance with the University policy, the probationary period is extended for performance reasons until _____.

### Employee Development Plan

(Attachments may be added if necessary. Indicate # of attachments here: \_\_\_\_\_)

#### Personal Learning Goals

#### Learning Steps/Resource Needs

Supervisor's Signature:	Date:
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Employee's Signature:	Date:
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