

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

Position Number

Title

Department

Sub-Division

Employment Date

Supervisor's Name

Supervisor's Title

Comments on Overall Progress (Indicate progress toward meeting Performance Plan. Attachments may be added if necessary. Indicate # of attachments here: _____)

Overall Results of Review

- ☐ Contributor Performance shows consistent achievement toward meeting established performance expectations.
- ☐ Below Contributor Performance shows deficiencies which interfere with the attainment of performance expectations.
- ☐ 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:

Employee's Signature:

Date: