

# **Probationary Progress Review**

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| --- | --- |
| Employee Name:       | \*Employee V-ID Number:       |
| Working Title:       |  Department/Division:       |
| Employment Date:       |  Projected Probation End Date:       |
| Review Interval: |  |  |
| [ ]  3-month | [ ]  6-month | [ ]  Probationary Period End | [ ]  Other: |       |  |

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| **Comments on Overall Progress** - Indicate progress toward meeting performance expectations. |
| (Attachments may be added, if necessary. Indicate # of attached pages here: |  | ) |
|       |
| **Overall Results of Review** |
| [ ]  Achiever | Performance shows consistent achievement toward meeting established performance targets. |
| [ ]  Fair Performer | Performance requires improvement to meet the performance targets of core responsibilities in one or more areas. |
| [ ]  Unsatisfactory Performer | Performance shows deficiencies that interfere with the accomplishment of performance targets. |
| [ ]  Probationary period extended | The probationary period is extended for performance reasons until |  |  |
|  (MM/DD/YYYY) |
| Reviewer's approval |  |  | Human Resource review |  |  |
|  (initials) (initials) |
| Employee Development Plan (Attachments may be added, if necessary. Indicate # of attached pages here: |  | ) |
| Personal Learning Goals: | Learning Steps/Resource Needs: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervisor’s Name *(print)*: |  |  | Title: |  |
|  |  |  |  |  |
| Supervisor’s Signature: |  |  | Date: |  |
|  |
| Employee’s Signature: |  |  | Date: |  |

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\*Contact your department’s Personnel Administrator for employee’s V-ID #