



Probationary/Orientation Performance Review

Name of Employee _____ Banner ID: (A#) _____

Position Title _____ Date Hired _____ Department _____

Name of Supervisor _____ Banner ID: (A#) _____

Complete at the end of first 3 months

INITIAL COUNSELING SESSION

Areas of Strength: _____

Opportunities for Improvement: _____

Comments: _____

Appraisal by _____ Date _____ Employee's Initials _____ Date _____

Complete at the end of the 6 months

FOLLOW-UP COUNSELING SESSION

Areas of Strength: _____

Opportunities for Improvement: _____

Comments: _____

Appraisal by _____ Date _____ Employee's Initials _____ Date _____

Please select one of the following options and sign.

Do not send to HR until the follow-up session has been completed.

_____(1) In my judgment, the employee listed above has performed in a satisfactory manner during the probationary/orientation period, and I recommend that employment be continued on a non-probationary basis.

_____(2) In my judgment, based on the above comments, I recommend extending the probationary/orientation period for the employee listed above to _____.

_____(3) In my judgment, the employee listed above has not performed in a satisfactory manner, and I recommend termination of the employee in accordance with University termination procedures for probationary/orientation employees.

Supervisor's signature _____ Date _____