

## Probationary Progress Review

Projected Probationary End Date:

### Review Interval

3-month   
  6-month   
  Probationary Period End   
  Other:

Employee Name (Last, First, Middle)

Employee ID Number

Position Number

Role Title

Work Title

Agency

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 Policy 1.45, 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: