

## THE UNIVERSITY OF MICHIGAN MICHIGAN MEDICINE HUMAN RESOURCES

MICHIE		Appointing Department:	
ONIVER	Let 1 by site broad	Administrative Department:	
Today's	's Date:		
Start Da	Date:		
Staff Me	Aember:		
Employ	yee ID:		
FORM	<b>1 MUST BE RETURNED TO THE MICHIGAN MEDIC</b>	INE HR OFFICE BY:	
Classific	fication:		
Reason	n for Evaluation (select one):		
	4 Month Probationary Period Evaluation		
6 Month Probationary Period Evaluation			
Review	v Date:		
	n this form to: Michigan Medicine Human Resources, 290 <u>nichmed.service-now.com/hr</u>	)1 Hubbard, Box 2435 or sub	omit electronically at this
employe importan meeting and assi	pleted before the end of the fourth month, the individual acquives in the Graduate Nursing classification shall always be in ant to determine whether the individual continues service with g the requirements of the job, corrective action should be take sistance in handling of this situation are available from the Hullowing evaluation and recommendation concerning	a probationary status. During t h your department and the Uni en prior to completion of the pr iman Resources Department.	he probationary period it is versity. If the individual is not obationary period. Counsel
	terminated as of		
	B. Employee shows promise, but must make more progress in certain areas.		
	C. Employee is making satisfactory progress.		
2.	If you checked 1A or 1B, list areas in which	sultant.	progress has not been
3.	. Comments:		
4.	. Probationary status continues as Graduate Nurse.	YES NO	
This eva	valuation was discussed with employee on	(date).	
Supervi	visor's Signature	Date	
Employ	oyee's Signature	Date	

The staff member's signature, which is required, indicates that the staff member has reviewed this form. It does not necessarily imply agreement with the evaluation