

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 | 1 MUST BE RETURNED TO THE MICHIGAN MEDIC | 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