



THE UNIVERSITY OF MICHIGAN
MICHIGAN MEDICINE HUMAN RESOURCES

Appointing Department: \_\_\_\_\_

Administrative Department: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Staff Member: \_\_\_\_\_

Employee ID: \_\_\_\_\_

FORM MUST BE RETURNED TO THE MICHIGAN MEDICINE HR OFFICE BY: \_\_\_\_\_

Classification: \_\_\_\_\_

Reason for Evaluation (select one):

[ ] 4 Month Probationary Period Evaluation

[ ] 6 Month Probationary Period Evaluation

Review Date: \_\_\_\_\_

Return this form to: Michigan Medicine Human Resources, 2901 Hubbard, Box 2435 or submit electronically at this link: michmed.service-now.com/hr

The first six months of employment is a probationary period, unless the evaluation is not completed by the fourth month of employment (UMPNC Agreement, paragraph 232). Upon satisfactory completion of the probationary period or if no evaluation is completed before the end of the fourth month, the individual acquires regular status with the University, except that employees in the Graduate Nursing classification shall always be in a probationary status. During the probationary period it is important to determine whether the individual continues service with your department and the University. If the individual is not meeting the requirements of the job, corrective action should be taken prior to completion of the probationary period. Counsel and assistance in handling of this situation are available from the Human Resources Department.

The following evaluation and recommendation concerning \_\_\_\_\_ should be completed.

1. A. [ ] Employee is not able to meet requirements of the position and will be 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 \_\_\_\_\_ progress has not been satisfactory and consult with your Human Resources Consultant.

3. Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Probationary status continues as Graduate Nurse. [ ] YES [ ] NO

This evaluation was discussed with employee on \_\_\_\_\_ (date).

Supervisor's Signature

Date

Employee'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