

PROBATIONARY PERIOD EVALUATION FORM

The initial six months of employment at the University of Michigan are considered probationary. This probationary period provides an opportunity to determine if a new employee demonstrates the skills and abilities necessary for continued employment. At the conclusion of the probationary period, this form must be completed by the individual's supervisor, reviewed with the employee, and submitted to University Human Resources.

Last Name:		First Name:		Middle Name:
UMID:	Today's Date	Date of Hire:	Probationary Period End Date:	
Classification Title:				
DATE on which this evaluation was discussed with staff member:				

If the individual is not meeting the requirements of the position, corrective action should be taken **PRIOR TO** the completion of the probationary period. Assistance in handling this situation is available from University Human Resources.

1.
 - A. Staff member is making satisfactory progress.
 - B. Staff member shows promise, but must make more progress in certain areas.
 - C. Staff member is not able to meet requirements of position.
2. **If you checked 1-B or 1-C**, list areas in which the staff member's progress has not been satisfactory on the back of this form and consult with your HR Representative.

STAFF MEMBER'S SIGNATURE:	DATE SUBMITTED:
SUPERVISOR SIGNATURE:	DATE SUBMITTED:

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

Sign and date this form and submit to the appropriate Human Resources Department listed below.

SSC Personnel File Only
Wolverine Tower
3003 South State Street
Ann Arbor, MI 48109-1271

Michigan Medicine Human Resources
North Campus Administrative Complex
2901 Hubbard Drive
Suite 1100 - SPC 2435
Ann Arbor, MI 48109-2435