UMMAP MID-PROBATIONARY PERIOD EVALUATION FORM



The initial six months of employment at the University of Michigan considered probationary. This probationary period provides an opportunity to determine if a new employee demonstrates the skills and abilities necessary for continued employment. In alignment with the collective bargaining agreement in effect, UMMAP members are to receive a probationary period evaluation on or before the completion of four (4) months of employment.

| Last Name: | | First Name: | | | Middle Name: | |
|--|--|---------------|--|------------|-------------------------------|--|
| UMID: Today's Date | | Date of Hire: | | Probationa | 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, action should be taken **PRIOR TO** the completion of the probationary period. Assistance in handling this situation is available from Human Resources.

- 1. A. Staff member is making satisfactory progress.
 - B. Staff member 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**, identify areas in which the staff member's progress has not been satisfactory on the back of this form or on a separate page 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:

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

or electronically at: michmed.service-now.com/hr