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| **Employee Information** |
|  |
| **Date** |  | Employee Classification |  |  | Exempt |  | Nonexempt | Evaluation Period |  | ***to*** |  |
| **Employee Name** |  | **Employee UVID** |  |
| **Employee Title** |  |
| **Supervisor Name** |  | **Supervisor UVID** |  |
| **2nd Level Supervisor**  |  |
|  |  |
| **Probationary Period Review Type / Evaluation** |
|  |
|  | **Initial Probationary Period Progress Review** |  |  | **Probationary Period Completion Review** |  |  | **Probationary Period Extension Review** |
|  | Satisfactory progress during the probationary period. |  |  |  | Completion of the Probationary Period |  |  |  | Completion of the Probationary Period |
|  | Developing performance during the probationary period; improvement needed. |  |  |  | Extension of the probationary period; for \_\_\_\_\_\_\_\_ month(s) (Maximum 6 months.) |  |  |  | Unsatisfactory Completion of the Probationary Period |
|  |  |  |  |  | Unsatisfactory Completion of the Probationary Period |  |  |  |  |

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| **Supervisor’s Comments** |
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| **Signatures** |
| **TO THE SUPERVISOR:** This form should be used to report progress prior to the end of the Employee’s Probationary Period and at the completion of the Probationary Period. Please see UVU Policy #334 for detailed information. The evaluation of the Employee’s progress should be discussed with the 2nd level Supervisor before any discussion takes place with the employee. **TO THE EMPLOYEE**: By signing this form, you confirm that you have discussed this evaluation with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation. |
| Employee Signature |  | Date |  |
| Supervisor’s Signature |  | Date |  |
| Second-level Supervisor’s Signature |  | Date |  |