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| **Employee Information** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Date** | | |  | | Employee Classification | |  | |  | | Exempt | |  | Nonexempt | Evaluation Period | | |  | | | | ***to*** |  | |
| **Employee Name** | | | | |  | | | | | | | | | | **Employee UVID** | | | | |  | | | | |
| **Employee Title** | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Supervisor Name** | | | | |  | | | | | | | | | | **Supervisor UVID** | | | | |  | | | | |
| **2nd Level Supervisor** | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Probationary Period Review Type / Evaluation** | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **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 | | |
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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 |  |