

**PROBATIONARY REVIEW**

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| **Employee Name** |  |
| **Position Title** |  |
| **Department** |  |
| **Employee Group** | [ ]  SEIU [ ]  AUPAT [ ]  Ongoing Contract [ ]  Term Contract |
| **Supervisor**  |  |
| **Appointment Date** |  |
| **Probation Period End Date** |  |

**Review of Performance & Accomplishments**

Comments on achievements and competencies in fulfilling the role as defined.

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If applicable, identify any specific issues which are problematic along with recommended means by which to address these concerns.

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**As of the conclusion of the probationary period, the employee:**

[ ]  Has exceeded expectations for competency and accomplishments

[ ]  Has demonstrated sufficient competency

[ ]  Is developing in their level of competency, and is expected to demonstrate improved performance with additional training and mentoring, as identified above

[ ]  Will have their probationary period extended for \_\_\_\_\_\_ months (up to a maximum of 3 months)

[ ]  Has not performed satisfactorily in the role, resulting in termination of employment

A discussion of this Probationary Review has taken place:

Signature of Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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