

**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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