

OLD DOMINION UNIVERSITY

Probationary Progress Review

Projected Probationary End Date:

Review Interval:

6-month 12-month Probationary Period End Other:

Employee Name (Last, First, Middle)

UIN#

Position Number

Role Title

Working Title

Vice Presidential Area

Department

Employment Date

Supervisor's Name

Supervisor's Title

Comments on Overall Progress: (Indicate progress toward meeting Performance Plan. Attachments may be added if necessary.)

Overall Results of Review:

Contributor

Performance shows consistent achievement toward meeting established performance expectations.

Below Contributor

Performance shows deficiencies which interfere with the attainment of performance expectations.

Probationary Period Extended

In accordance with the Policy 1.45, the probationary period is extended for performance reasons until _____.

Employee Development Plan – Professional Development Goals (Attachments may be added if necessary.)

Steps supervisor has taken to assist employee to enhance job performance and professional development:

Steps employee has taken to enhance job performance and professional development:

Supervisor's Signature:

Date:

Employee's Signature:

Date: