

Radford University Probationary Progress Review

Probationary Period End Date:

Review Interval:

6-month Probationary Period End Other:

Employee Name (Last, First, Middle)	Employee RU ID Number
-------------------------------------	-----------------------

Position Number	Role Title	Working Title
-----------------	------------	---------------

Agency Radford University	Department
-------------------------------------	------------

Employment Date	Supervisor's Name	Supervisor's Title
-----------------	-------------------	--------------------

Comments on Overall Progress (Attachments may be added if necessary. Indicate # of attachments here: _____)

Overall Results of Review

- | | |
|---|--|
| <input type="checkbox"/> Contributor | Performance shows consistent achievement toward meeting established performance expectations. |
| <input type="checkbox"/> Below Contributor | Performance shows deficiencies which interfere with the attainment of performance expectations. |
| <input type="checkbox"/> Probationary Period Extended | In accordance with the Policy 1.45, the probationary period is extended for performance reasons until _____. |

Employee Development Plan (Attachments may be added if necessary. Indicate # of attachments here: _____)

Personal Learning Goals

Learning Steps/Resource Needs

Supervisor's Signature:	Date:
Employee's Signature:	Date: