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| **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** | | | | | | | | | |
| Contributor | | | Performance shows consistent achievement toward meeting established performance expectations. | | | | | | |
| Below Contributor  Probationary Period Extended | | | Performance shows deficiencies which interfere with the attainment of performance expectations.  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** | | | | |
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|  | | | | | | | | | |
| Supervisor’s Signature: | | | | | | | | | Date: |
| Employee’s Signature: | | | | | | | | | Date: |