



**FINAL (6-Month) Probationary Period Performance Review for APSA Employees**

*(This section to be completed by the supervisor)*

Date of Review: \_\_\_\_\_ Start Date: \_\_\_\_\_

Employee: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Department, Position Number & Position Title: \_\_\_\_\_

The supervisor is to sign this review. The employee is to sign indicating he/she has read the completed review and understands the contents, and has had a chance to provide a written response.

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*(This section to be completed by the supervisor AND the employee)*

1. Was the job description reviewed and discussed with the probationary employee at the commencement of employment, and the probationary policy clearly explained?

Supervisor Comments:

Employee Comments:

2. Have there been discussions regarding performance expectations?

Supervisor Comments:



Employee Comments:

3. Summarize the employee's performance and progress over the period; include both areas of strengths and areas for improvement.

Supervisor Comments:

Employee Comments:

4. Is additional support required at this time? Explain.



Supervisor Comments:

Employee Comments:

5. Are there any significant parts of the job description which the employee has not yet had the opportunity to perform? If yes, are there any concerns regarding the employee's ability to complete these duties? If so, please explain and describe what steps, if any, will be taken to ensure successful completion of all the significant job elements OR will this require an extension to the probationary period?

Supervisor Comments:

Employee Comments:



6. Are there any concerns with the employee's suitability for the position, including but not limited to attitude; compatibility with co-workers and/or clients; ability to follow directions; demonstrated progress in acquiring the necessary skills of the job; good attendance; overall competence; efficiency and output; adherence to University policies? If so, explain.

Supervisor Comments:

Employee Comments:

7. As the supervisor, indicate which best describes where the employee is currently at (circle one):
  - a. Employee has successfully completed the probationary period.
  - b. Performance/suitability in question, improvements required. An extension to the probationary period has been requested and approved. Satisfactory completion uncertain at this time.
  - c. Employee has not successfully completed the probationary period.

Supervisor Comments:



Employee Comments:

Supervisor (signature) \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee (signature) \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

After supervisor and employee have both signed this form, two copies of the review form should be made, and distribution made as follows:

- Original retained by supervisor
- Copy to employee
- Copy to Human Resources, for employee file