

# Probationary Progress Review EXHIBIT #3

Projected Probationary End Date:

**Review Interval**

3-month     6-month     Probationary Period End     Other:

Employee Name (Last, First, Middle)		Employee ID Number
Position Number	Role Title	Work Title
Agency		Sub-Division
Employment Date	Supervisor's Name	Supervisor's Title

**Comments on Overall Progress** (Indicate progress toward meeting Performance Plan. 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                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** (Attachments may be added if necessary. Indicate # of attachments here: \_\_\_\_)

<p><b>Personal Learning Goals</b></p>	<p><b>Learning Steps/Resource Needs</b></p>
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Supervisor's Signature:	Date:
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Employee's Signature:	Date:
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