



Probationary Review Report

Name:	Department:	Probationary Review <input type="checkbox"/>		
Job Title:	Supervisor:			
<i>Instructions: This form is to be used at the completion of the probationary period (3 months for non-exempt positions, 6 months for exempt positions) at a minimum of quarterly when a Performance Improvement Plan has been put in place. The completed form should be reviewed with the employee, and then sent to Human Resources to be maintained in the Employee's File.</i>				
Codes: CP – Completed Probation, DM – Did not meet standard for probation, EX – Extended Probation Required. Place an X in each column under the appropriate rating. Shaded areas are for those in supervisory roles only.				
Review Area	CP	EX	DM	Comments
Commitment to the Molloy University Mission				
Quality of Work				
Commitment/Dependability				
Community Participation/Teamwork				
Interpersonal Skills				
Organization and Planning				
Non-supervisory oversight				
Job Knowledge				
Time Management				
Communication				
Management				
Leadership				
Training and Development				
Date of Review:			Reviewed By:	
Employee Signature:			Reviewers Signature:	
Extend Probation: 3 months ____ 6 months ____			Comment:	