MICHIGAN STATE UNIVERSITY

PROBATIONARY EVALUATION

(CTU, 999, 1585, 324 & MSUE Employees)

Employee Name:		PERNR:	
Organizational Unit:		Org Number:	
Classification/Job Title:		Group/Level:	
Probation Period From:		To:	

Summary of Employee's Performance (Related to job duties and general performance factors).

Supervisor's Determination:

☐ The performance and/or conduct of the employee met expectations during the probationary period. The employee has successfully completed the probation.

☐ **The performance and/or conduct of the employee did NOT meet expectations during the probationary period. (Supervisors: Please contact Employee Relations at 517-353-5510 for assistance.)

ATTACH SUPPORTING DOCUMENTATION

Employee Signature	*Date*	*Department Administrator Signature*	*Date*
Supervisor Signature	*Date*	*Human Resources Signature*	*Date*

Please return completed form to Human Resources, 120 Nisbet Building