

MICHIGAN STATE
UNIVERSITY

****INTERIM EVALUATION****
(Administrative Professional Employee)

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 interim evaluation period. The evaluation period will continue.
- The performance and/or conduct of the employee did NOT meet expectations during the interim evaluation 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