## THE UNIVERSITY OF ALABAMA

Introductory Period Review Form For Regular Exempt and Non-Exempt Staff

Employee Name (First, MI, Last):	
CWID: Job Title	
Department Name:	Org Number:
Period of Review: From:	To:
time period, employees have the opportunity successful performance. Please complete t	isidered an introductory period for employees. During this to demonstrate their ability and probability of sustained this form no later than the 6-month review date (or the to <a href="mailto:hreval@fa.ua.edu">hreval@fa.ua.edu</a> . Provide the employee with the original
Questions concerning the employee meeting minimum standards within the Introductory Period to includ a request for an extension should be directed to your HR Business Partner to discuss options.	
The immediate supervisor should check one	of the following blocks:
☐Introductory Period or Extended In	ntroductory Period Completed – Performance satisfactory
☐Introductory Period or Extended In needed, list below:	ntroductory Period Completed – Some areas of improvement
Supervisor's Overall Comments on Employee	es Performance:
Supervisor Name (Printed)	Supervisor's Signature and Date
2 <sup>nd</sup> Level Supervisor Name (Printed)	2 <sup>nd</sup> Level Supervisor Signature and Date
Employee's Signature	Date
Employee's Comments:	