ROWAN UNIVERSITY

School of Osteopathic Medicine

PROBATIONARY ASSESSMENT

Employee Name:	University ID:
Position Title:	
Unit/School:	Department:
Appraisal Type: Probationary ☐ Reappraisal ☐	Evaluation Period: From (Month/Year) To (Month/Year)

☐ Employee Has Successfully Completed Probation

☐ Employee Has Not Successfully Completed Probation (Explain Below)

☐ Employee's Probation Period is Being Extended (Explain Below)

Extended Date: mm / dd / yy

Reason Probation is Being Extended or Deemed Unsuccessful:

Supervisor's Name and Title:

Supervisor's Signature: _____ Date: mm / dd / yy

Department Head's Name and Title:

Department Head's Signature: _____ Date: mm / dd / yy

Employee's Signature: _____ Date: mm / dd / yy

HR Representative's Signature: _____ Date: mm / dd / yy