THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCES
Office of Human Resources

Probationary Performance Review

Six-Month Review and Probationary Decision

Purpose. UTHS staff serve a six-month probationary period that cannot be extended. This review is required by HR0135-H: the supervisor completes it early in the sixth month, discusses it with the employee, and returns it to Human Resources before the sixth month ends. It records the decision to grant regular status or to end employment. Where the decision is non-retention, the supervisor must contact HR Employee Relations before completing this form and the employee must be notified before the end of the sixth month.

1. EMPLOYEE INFORMATION

Employee name

Personnel number

Job title

Department

Supervisor

Supervisor title

Hire date

Probationary period ends

Date of this review

2. FOLLOW-UP ON THE THREE-MONTH REVIEW

Three-month review completed?

☐ Yes, on _____ ☐ No

Status recorded at three months

☐ On track ☐ Needs improvement ☐ Serious concern

If improvement was required at three months, what guidance was given and what changed?

3. PERFORMANCE OVER THE PROBATIONARY PERIOD

Rate each area for the full six months using the same scale as the annual staff performance review. Any rating of "Unsuccessful" requires an explanation in Section 5.

AREA	1 Unsuccessful	2 Partially successful	3 Fully successful	4 Superior	5 Distinguished
Quality and quantity of work Accuracy, thoroughness, and output on core duties	○	○	○	○	○
Service, communication, and collaboration Patients, students, colleagues, other departments	○	○	○	○	○
Accountability and dependability Attendance, punctuality, follow-through on commitments	○	○	○	○	○
Adaptability and response to feedback Learns new systems and procedures; applies coaching	○	○	○	○	○
Judgment and problem solving Knows when to act, when to ask, and when to escalate	○	○	○	○	○
Compliance and required training Mandatory training complete; follows safety, privacy, and policy rules	○	○	○	○	○

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4. STRENGTHS OBSERVED

5. PERFORMANCE CONCERNS AND SUPPORTING FACTS

Required for any "Unsuccessful" rating and for any non-retention decision. State specific, dated examples, the guidance previously given, and the employee's response. Facts, not characterizations.

Mandatory training complete?

☐ Yes ☐ No, items outstanding:

6. PROBATIONARY DECISION (SELECT ONE)

○ **Probationary period successfully completed**
Employee attains regular staff status at the end of the sixth month.

○ **Employment ends during or at the end of the probationary period**
Supervisor consulted HR Employee Relations before completing this form; department initiates the Personnel Action Form with reason and termination code. Probation cannot be extended (HR0135-H).

HR Employee Relations consulted on | Employee notified of decision on | Last day of employment | PAF initiated on

7. EMPLOYEE COMMENTS (OPTIONAL)

8. ACKNOWLEDGMENT AND SIGNATURES

The supervisor and employee have discussed this review. The employee's signature confirms that the discussion took place and that the employee received a copy; it does not indicate agreement with the content. The employee may attach a written response.

Employee signature | Date | Supervisor signature | Date

Department head or second-level approval (required for non-retention) | Date

For Human Resources use

Received | Reviewed by | Status change processed