

Auburn University Initial Training Review Form

The purpose of this document is to review the 3 calendar month training period of an employee who has transferred, promoted, or demoted.

Employee's Name	Department	Supervisor's Name	Supervisor's ID No.
Employee's ID No.	Title	Reviewer's Name	Reviewer's ID No.

Summary of Training Period

* Needs
Improvement Satisfactory

1. **Job Performance** (Completes assigned tasks with minimum errors and within the appropriate time frame.)
2. **Job Knowledge** (Understands the regulations, policies, procedures, and expectations required for the job.)
3. **Compliance with University Policies and Work Rules** (i.e. attendance, punctuality, behavior.)

In the employee's present position, what areas need improvement?

Performance Improvement Needs	Action Plans for Improvement Performance	Target Date

* A follow-up review will be scheduled on _____ Date _____.

Employee's Comments:

_____/_____/_____/_____
Supervisor's signature Date Employee's Signature Date

In the event an employee is not performing the function of the position at a satisfactory level, the supervisor may contact the Department of Human Resources at 4 - 4145 for advice.

Please complete and return form to the Department of Human Resources. This form does not replace or is not a substitute for the annual performance review report.