

## OLD DOMINION UNIVERSITY Probationary Review **EXTENSION**

|                                      |                   |                     |
|--------------------------------------|-------------------|---------------------|
| Employee Name (Last , First, Middle) |                   | UIN#                |
| Position Number                      | Role Title        | Working Title       |
| Vice Presidential Area               |                   | Department          |
| Employment Date                      | Supervisor' sName | Supervisor' s Title |

**Reason for Extension:**

**Comments on Overall Progress:** (Indicate progress toward meeting Performance Plan. Attachments may be added if necessary.)

**Overall Results of Review:**

|  |   |
|--|---|
| <input type="checkbox"/> Contributor       | Performance shows consistent achievement toward meeting established performance expectations.   |
| <input type="checkbox"/> Below Contributor | Performance shows deficiencies which interfere with the attainment of performance expectations. |

**Employee Development Plan – Professional Development Goals** (Attachments may be added if necessary.)

|   |   |
|---|---|
| <p><b>Description of performance expectations that must be met:</b></p> | <p><b>Steps supervisor and employee will take to meet expectations:</b></p> |
|---|---|

|                          |       |
|--------------------------|-------|
| Supervisor' s Signature: | Date: |
| Employee' s Signature:   | Date: |