University HOSPITAL
Newark, NJ

INTRODUCTORY PERIOD ASSESSMENT FOR CONFIDENTIAL STAFF

Employee Name:	Hospital ID:
Position Title:	
Department:	
Appraisal Type: Introductory ☐ Reappraisal ☐	Evaluation Period: From ____ (Month/Year) To ____ (Month/Year)

☐ Employee Has Successfully Completed Introductory Period

☐ Employee Has Not Successfully Completed Introductory Period (Explain Below)

☐ Employee's Introductory Period is Being Extended (Explain Below) Extended Date: ___ / ___ / ___ (mm dd yy)

Reason Introductory Period 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)