

90 Day Orientation Review FY2022

Review Period

### REVIEWER

Name

Title

Last Hire Date

Supervisor Name

Center

Department

# Overview

## Task Instructions

This form is to be used during the 90 day orientation period by the Immediate Supervisor to evaluate the Employee, communicate progress and performance, and document dialogue between the Employee and the Immediate Supervisor.

## Employee Details

Position Description

# Performance Assessment by Supervisor

## Performance Assessment

**Comments**

## Has the employee successfully passed the orientation period?

**Rating**

**Reviewer**

**Name - Title**

**Comments**

# Summary

## Overall Rating

#### 90 Day Orientation Review FY2020

Employee Name

Date

**Immediate Supervisor - 90 Day Orientation Review**

Performance Assessment by Supervisor

Overall

# Electronic Sign Off

### X

Employee

Date

### X

Immediate Supervisor

Date