

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 into a different position or has significant changes in duties and responsibilities.

Employee's Name	Department	Supervisor's Name	Supervisor's Banner No.
Employee's Banner No.	Title	Reviewer's Name	Reviewer's Banner No.
Date of Hire	Date of Transfer		

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

HR Liaison signature

Date

In the event an employee is not performing the function of the position at a satisfactory level, the supervisor should contact their Human Resources Liaison or 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.