4.301:01 Initial Review Period (IRP) Review Form
INSTRUCTIONS

Read and Review HR Policy 4.301 - Initial Review Period
Supervisor should complete and return the original of the IRP Review Form to Human Resources, and provide a copy of the form to the employee.

IRP Review Process

All new and rehired employees must successfully complete an IRP for the first 90 calendar days after their date of hire or rehire. Employees who terminate university employment must complete an IRP upon their re-employment with the university.

Employees who are promoted or transferred within AU must complete a secondary IRP of 90 calendar days with each reassignment to a new position.

If the employee meets or exceeds job standards, the supervisor and employee should formally discuss the employee's performance. The IRP Review Form serves as the framework for this discussion. The supervisor should use this opportunity for structured conversation about performance, positive feedback to reinforce good performance, identification of problem areas, and any needs for additional training. It provides the employee with an opportunity to review job requirements and supervisor expectations, and creates an opportunity for conversation about continuing interest in the job.

It is extremely important at this time to talk candidly with the employee about progress, point out areas of satisfactory work, discuss areas where improvement is needed, and engage in future performance planning.

The supervisor should complete all sections of the form except for Employee's Comments and Employee's Signature, which are intended for completion by the employee.

Initial Review Period Extension Process

Any significant absence (more than 5 days) will automatically extend the IRP by the length of the absence.
In addition, if the employee does not meet required performance standards, and may be unsuitable for the job, the supervisor should review the situation with the Director of the Office of Human Resource (“HR”) before discussing it with the employee.

If the supervisor determines that the standard 90 calendar days IRP does not allow sufficient time to thoroughly evaluate the employee's performance for any reason, the IRP may be extended for an additional 30 to 90 calendar days, to be determined by the employee's supervisor in consultation with HR. Supervisors requesting extensions of the IRP must do so in writing prior to the end of the original 90-day period, specifying the reason for the request to HR. The employee must be advised of the extension and the reasons for it. Such an extension should be communicated to the employee in writing on or before the expiration of the first 90 calendar days of the IRP.

During the extension period, the supervisor will continue to instruct and support the employee in areas where improvement is desired. If performance remains unsatisfactory during the extension period, the supervisor should again contact HR.

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EMPLOYEE INFORMATION

Employee name: ____________________________________________

Employee job title: __________________________________________

Department: _________________________________________________

Date of Employment: ____________  Date IRP: ________________

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AREAS FOR REVIEW

1. Have you reviewed the job description with the employee?  ___Yes  ____ No

2. Have you provided the employee with a copy of the job description?  ___Yes  ____ No

3. Rate the employee’s performance after this short period of employment on the following:

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<thead>
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<th></th>
<th>Above and Beyond</th>
<th>On Target</th>
<th>Below Target</th>
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<tbody>
<tr>
<td>Knowledge of job</td>
<td>________________</td>
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<tr>
<td>Productivity</td>
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<td>Quality of Work</td>
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<td>Attitude and cooperation</td>
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<td>Dependability</td>
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<td>Initiative</td>
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4. What areas are the employee strengths? Please Specify:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

5. Are there areas where further development is needed? Please Specify:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

EVALUATION

1. Has the employee successfully completed the IRP? _____ Yes ____________ No

Supervisor Comments:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Employee Comments:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Supervisor Signature_______________________________ Date of review: ____________
Employees Signature ______________________________ Date____________________