

New in Position Review 2/2018

**INSTRUCTIONS:** Use this form to provide feedback to an employee who has transferred to a new position within UT. The purpose is to provide an opportunity to reiterate department goals and position expectations as well as to assess performance. It is your responsibility to notify an employee when their performance is below acceptable standards.

Check One: [ ] 45-Day Review [ ]  90-Day Review [ ]  135-Day Review [ ]

\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_

Employee Name Title

Department

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by Date of Review

New in position transfer date within UT:

Employee will complete 180 days in new position on:

**E****valuate the employee's progress to date:**

**Employee is making satisfactory progress**[ ]

**Employee is not making satisfactory progress** [ ]

Consider all position expectations. If the employee is making satisfactory progress, use space below to make recommendations for aiding the employee in continuing his/her progress on the job. If the employee is not making satisfactory progress, indicate nature of problem, any previous dates of counseling, and any remedial action taken. Attach additional sheets for comments if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date Employee Signature Date

Printed Name and Title Printed Name and Title

RETAIN ORIGINAL IN THE EMPLOYEE FILE