MSU PERFORMANCE EXCELLENCE

# Interim Review Form


## SECTION 1: Instructions and Employee Information

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|---|---|
| Employee Name: | Supervisor Name: |
| PERNR: | Department/Unit: |
| Classification/Job Title: | Due Date: |

Use this form to document the formal mid-cycle performance discussion for employees serving a 12-month probationary period (such as APA and APSA employees). The discussion should occur approximately halfway through the probationary evaluation period and provides an opportunity to review the employee's performance to date, provide feedback, clarify expectations, and support continued success.

*Suggested areas of discussion*:

- Performance of assigned responsibilities, duties, and expectations.
- Key accomplishments, contributions, and progress toward established performance goals.
- Demonstration of the MSU Core Values—**Collaboration, Equity, Excellence, Integrity, and Respect**—in daily work and interactions.
- Areas of strength, as well as opportunities for improvement.

*Form continues on following page.*

**Supervisor:** When the **Interim Review form** is completed, provide a copy of the signed document to the employee and retain a copy in your department. Additionally, follow your college or MAU's process for routing **OR** email a digitally signed copy to **performance@hr.msu.edu** for processing.

## SECTION 2: Complete Probationary Determination

**SUMMARY OF EMPLOYEE'S PERFORMANCE** (Related to job duties, behavior, and general performance):

*Attach additional supporting documentation if applicable.*

☐ The performance and/or conduct of the employee met expectations during the interim evaluation period. The evaluation period will continue.

☐ The performance and/or conduct of the employee did **NOT** meet expectations during the interim evaluation period. ***Supervisors:*** *Contact your unit HR representative and MSU Employee and Labor Relations at 517-353-5510* ***PRIOR*** *to meeting with the employee.*

## SECTION 3: Signatures

Signatures indicate the above information was discussed on the date below. Download the form and open in Acrobat or Adobe Reader to ensure full access to the form functionality.

| | |
|---|---|
| Employee Signature: | Date: |
| Supervisor Signature: | Date: |

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