Morgan State University  
Performance Planning & Evaluation Program  
Probationary Evaluation Form  
To be completed for probationary employees ONLY  
Please see reverse side for Appeal Instructions

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Supervisor:</th>
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<table>
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<tr>
<th>Probation Period: From:</th>
<th>To:</th>
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<tr>
<th>Appointment Date:</th>
<th>Probation Period Due to Expire:</th>
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- [ ] Original Probation Period  
- [ ] Extended Probation Period

Probationary Status:  
- [ ] a. New probationary employee  
- [ ] b. Promotional probationary employee  
- [ ] c. Other probationary employee  
  (Category includes an employee who has satisfactorily completed a probationary period, and is serving another probation period, as a result of a demotion or reinstatement, if reinstatement occurs after one year, etc.)

Recommended Action on Probationary Status:  
- [ ] 1. Employee passed probation.  
- [ ] 2. Satisfactory completion of probation.  
  - [ ] Early completion of probation: __________ (date).  
  (Submit this report to the Office of Human Resources.)  
- [ ] 3. Rejection on probation effective __________ (date).  
  (Submit this report to the Office of Human Resources. Provide a detailed explanation for rejection in Section 5. Inform the employee that an appeal may be filed in accordance with MSU procedures.)  
- [ ] 4. Extension of probation to __________ (date).  
  (Submit this report to the Office of Human Resources.)  
- [ ] 5. Basis for Rejection/Extension OR Completion of Probation:

__________________________________________________________________________

EMPLOYEE CERTIFICATION: I hereby certify that I have personally reviewed this report, and understand that my signature does not imply agreement or disagreement.

[Signature] Date

SUPERVISOR CERTIFICATION: I hereby certify that this report constitutes my best judgment of the performance of this employee, and is based on personal observation and knowledge of his/her work.

[Signature] Date

[Signature] Date

[Signature] Date

[Signature] Date

[Signature] Date

[Signature] Date

HR21 (07/12)
 Appeal Instructions

If a classified employee is on probation and, during the probationary period is rejected, the employee may appeal by filing a written request for a hearing with the Director of Human Resources within five (5) working days of receiving notice of the rejection. The written request for an appeal hearing shall state the issues of fact and law that the employee believes would warrant a rescission of the rejection, limited to allegations that the rejection was:

1. procedurally defective and the procedural defect was material;
2. illegal; or
3. unconstitutional.

The President (or designee) may review the record and/or confer with the employee.

President’s determination (based upon the President’s review or upon the recommendation of the President’s designee) may be to:

1. uphold the rejection; or
2. rescind or modify the action taken.

The President shall issue a written decision to the appealing employee. The decision of the President is the final administrative decision.