



# University of Pittsburgh

Office of Human Resources

## FIRST OF THREE REVIEWS CONCERNING PROVISIONAL PERIOD OF EMPLOYMENT

EMPLOYEE NAME (Last, First, Middle Initial) \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_ WORKING TITLE \_\_\_\_\_

EMPLOYEE DEPARTMENT \_\_\_\_\_ DEPARTMENT CODE \_\_\_\_\_

INSTRUCTIONS: This is the first of three reviews of the provisional period. The review is to be administered during the employee's first week of employment. All job performance expectations should be discussed at this time. The completed form, with all appropriate signatures, should be placed in the employee's department file.

In addition to discussing job performance expectations, the following is a checklist to be used as a departmental orientation tool to further acquaint the new employee to the University and to the area/department.

### INFORMATION TO BE REVIEWED

- |                                                                                                                                     |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| _____ Job Title/Working Title                                                                                                       | _____ University Parking Permits                                 |
| _____ Job Description and Performance Standards<br>(Retain signed copy in employee's department file.<br>Provide copy to employee.) | _____ Payroll Deduction                                          |
| _____ Salary/Pay Periods                                                                                                            | _____ What to do in Case of Emergency (Fire, Injury)             |
| _____ Time & Attendance Recordkeeping                                                                                               | _____ Reminder: On-line Sexual Harassment Training               |
| _____ Employment Status – Exempt/Non-Exempt                                                                                         | _____ Emergency Contact Information/Phone List                   |
| _____ Office Hours                                                                                                                  | <b>Departmental Policies Examples:</b>                           |
| _____ Working Hours and Lunch Time                                                                                                  | _____ Personal Use of University Property (Equip., Phones, etc.) |
| _____ To Whom Employee Reports in Absence of Supervisor                                                                             | _____ Smoking on the Job                                         |
| _____ Office Security System/Keys                                                                                                   | _____ Sign in/Sign out Policies                                  |
| _____ Tour of department, including eating areas, restrooms,<br>etc.                                                                | _____ Reporting Off Sick                                         |
| _____ Introduction of department staff/faculty                                                                                      | _____ Requesting Time Off (Vacation, Personal Days)              |
| _____ Office Supplies                                                                                                               | _____ Safety on the Job/Hazardous Materials                      |
| _____ Other: _____                                                                                                                  | _____ Appropriate Dress                                          |
|                                                                                                                                     | _____ Other: _____                                               |

### REMARKS

Special job assignments or projects:

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

Comments:

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

Employee Start Date \_\_\_/\_\_\_/\_\_\_\_\_ Second/Midpoint Review Due \_\_\_/\_\_\_/\_\_\_\_\_ End of Provisional Period \_\_\_/\_\_\_/\_\_\_\_\_

| Description              | Name (Print Clearly) | Signature | Date |
|--------------------------|----------------------|-----------|------|
| Employee Being Reviewed  |                      |           |      |
| Immediate Supervisor     |                      |           |      |
| Next Level Review        |                      |           |      |
| Department Administrator |                      |           |      |