

Policy Title: 90-Day Review
Policy Number: HRO.104
Policy Owner: Director of Business Affairs
Responsible Office: Human Resources
Date: 07/02/2018

1. Purpose and Scope

These procedures provide requirements for faculty, staff, and administrators to communicate in an open forum on performance. The primary purpose of the 90-day review policy are to:

- Enable open lines of communication between supervisors and employees.
- Provide valuable feedback on work performance and retain employees for future growth within the organization.
- Mitigate any unforeseen challenges in work performance.

2. Policy

North American University, together with their employees will adopt a means to review all employees after 90 days of employment. This review will take place before the annual review and will ensure quality and ethical practices are adhered to. The 90-day review is not a disciplinary tool but a means to ensure the commitment of faculty, staff, and administrators.

3. Procedures

The employee with his/her supervisor will jointly discuss the progress of current performance after 90 days of employment with North American University. Evaluations will take place at a designated time agreed upon by the employee and supervisor. Both the supervisor and employee will review the NAU 90 Day Evaluation Form as well as sign indicating the form was reviewed and outlined. The signatures on the Evaluation Form do not necessarily indicate agreement (by the supervisor or the employee), but acknowledge that both have had an opportunity to read and discuss comments. The 90-day review will be treated as a development opportunity for faculty, staff, and administrators.

Who Should Read This Policy

- Administrators
- Department Chairs
- Faculty and Staff

4. Related Documents and References

NAU 90 Day Evaluation Form

5. Contacts

Human Resources

Revision Date: 07/02/2018

NAU 90 DAY EVALUATION FORM

 Employee Name:

 Today's Date:

Initial Start Date: _____ Department: _____

| | U | S | G | Ε | Comments: |
|-------------------------------------|---|---|---|---|-----------|
| Job Understanding: Employee | | | | | |
| comprehends, recognizes job duties, | | | | | |
| and possesses the ability to gain | | | | | |
| insight. | | | | | |
| Job Productivity: In terms of | | | | | |
| volume and productivity the | | | | | |
| employee can accomplish tasks. | | | | | |
| | | | | | |
| Dependability: Employee is | | | | | |
| focused and purposeful. | | | | | |
| | | | | | |
| | | | | | |
| Cooperative/Teamwork: | | | | | |
| Employee works well with others | | | | | |
| and can get along with cohorts. | | | | | |
| | | | | | |
| Time Management Skills: | | | | | |
| Employee makes adequate use of | | | | | |
| time and prepares ahead to | | | | | |
| accomplish tasks. | | | | | |

| General Comments: In terms of strengths, areas for improvement and initial feedback. | | | | |
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| | | | | |
| Supervisor Title: | | | | |
| | | | | |
| Supervisor Signature: | | | | |
| | | | | |

Date of Review: _____

Employee Signature: _____

| *Terms Defined | | |
|------------------|----------------|--------|
| U=Unsatisfactory | S=Satisfactory | G=Good |