

**FAIRLEIGH DICKINSON UNIVERSITY**

**90-DAY INTRODUCTORY REPORT FOR ALL NEW HIRES (EXCEPT FACULTY)  
IN REGULAR POSITIONS**

The 90-day Introductory Period is for newly hired employees only (not transfers) and gives the manager the opportunity to assess an individual's skill level and the needs of the job. The supervisor should assess the employee's performance after 30 days from hire, 60 days and then 90 days before making a final determination on the employee's continued employment. This period also gives the employee the opportunity to decide whether or not he or she wishes to continue in the job.

**This form is to be completed by the direct supervisor on or before the completion of 90 calendar days from the first day of employment. Return this form to Human Resources (Mailstop H-DH3-05) to be filed in the employee's personnel folder.**

Supervisors are required to meet with each newly hired employee on their 30<sup>th</sup>, 60<sup>th</sup> and 90<sup>th</sup> calendar day to provide feedback on their performance thus far and discuss deficiencies (if any).

Supervisors must indicate on this form (below) the dates they have met with each newly hired employee.

30 Day Meeting

Date \_\_\_\_\_  
\_\_\_\_\_ Performance is satisfactory  
\_\_\_\_\_ Improvement is required (please describe)

\_\_\_\_\_

\_\_\_\_\_

60 Day Meeting

Date \_\_\_\_\_  
\_\_\_\_\_ Performance is satisfactory  
\_\_\_\_\_ Improvement is required (please describe)

\_\_\_\_\_

\_\_\_\_\_

If there is no improvement with the new employee's performance, **please contact Human Resources to discuss further.**

\_\_\_\_\_ Performance is satisfactory. Continue Employment

\_\_\_\_\_ Performance is unsatisfactory. Employment will be terminated effective \_\_\_\_\_  
This date is within the 90-day introductory period. \*

**NAME OF EMPLOYEE:** \_\_\_\_\_

**DATE OF HIRE:** \_\_\_\_\_

**DATE PROBATION PERIOD ENDS:** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor Signature/Date**

**I ACKNOWLEDGE RECEIPT OF A COPY OF THIS FORM.**

\_\_\_\_\_  
**Employee's Signature/Date**

**Department Chair/School Director/Manager/Supervisor Please Note:**

**If employee refuses to sign, provide him/her with a copy and note on this form that the employee refused to acknowledge receipt.**