UNIVERSITY OF MINNESOTA

Route this form to:	U Wide Form UM 26
See Routing Instructions Below	Rev: 2/06

Appraisal of Probationary (H) Academic Professionals

1. *Responsible administrator to complete Appraisal of Probationary (H) Academic Professionals form, sign and discuss with probationary candidate.*
2. *Following review of information provided, the candidate is to sign the form.*
3. *Following completion of this form during the decision year, route to the dean/vice president as appropriate for comment and recommendation; then route to the senior vice president and provost for approval and action by the Board of Regents.*

CANDIDATE INFORMATION

Appraisal during academic year 20_____-20_____

Name		**Empl ID**
Title	**Job Code**	**Department in which probationary appointment is held**
Beginning date of probationary appointment		**College/Administrative Unit**
Appointment term and percent time		_____ **Cumulative University of Minnesota probationary years, including current year.**
Appointment type **H**		

Unit's appraisal of the candidate's performance in accord with the unit's continuous appointment criteria and procedures and the individual's job description (attach copies). For candidates being recommended for continuous appointment, refer to Section IX "Documentation to Accompany Recommendation for Continuous Appointment" within *Appendix B:* Guidelines, Criteria, and Procedures for Review of Probationary (H) Academic Professionals Considered for Continuous (G) Appointment of the University administrative policy: *Appointments of Academic Professional and Administrative Employees.* (Attach additional pages as required.)

Responsible Administrator/Unit recommendation:

☐ Continuation of probationary appointment ☐ Promotion ☐ Nonreappointment
☐ Continuous appointment

_____ _____
Signature – Responsible administrator Date

Appraisal has been reviewed by the probationary academic professional:

_____ _____
Signature – Probationary Employee Date

Decision year – Additional Signatures Required:

_____ _____
Signature – Dean/Vice President (as appropriate) Date

Senior Vice President and Provost recommendation:

_____ _____
Signature – Senior Vice President and Provost Date

BOARD OF REGENTS ACTION			**Notice of nonreappointment:**	**Effective Dates:**
_____	_____	_____	Senior Vice President and Provost's letter posted:	_____
Approval Date	Continuous Appt. Effective	Promotion Effective	**Resignation:** Letter of resignation:	_____

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