

Introductory Employment Period Review Form

Employee Information

Employee Name _____ Review Period _____ to _____
Employee Title _____ Employee GWID _____
Department _____

Performance Assessment

Instructions: Evaluate the employee's performance on the assigned goals, including the demonstration of the GW Values and Service Priorities. Guidance on how goals are evaluated can be found at [GW Values, Service Priorities, and Leadership Behaviors](#).

Goal #1	Comments
Goal #2	
Goal #3	

Overall Performance

Instructions: Evaluate the employee's overall performance.

Successfully Completed IEP

Did Not Successfully Complete IEP

Signatures

Manager Name and Title

Date

Manager Signature

Next Level Approver Name and Title

Date

Next Level Approver Signature

Employee Signature

Date

By signing above, you acknowledge that you received this review and it was discussed with you. Signature does not indicate agreement or disagreement with the content of this review. Employees may attach comments.

Submit completed form to your HR Business Partner. You can find your HRBP at go.gwu.edu/yourrep