



# NWACC New Employee 90 Day Review\*

Employee name:

Employee ID #:

Position:

Date:

Hire date:

Supervisor:

**Learning Opportunities/Goals:**

**Comments:**

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Representative Signature

\_\_\_\_\_  
Date

*\*Employees who are new to NWACC are required to complete a 180 day probationary period which includes a 90 probationary review. See NWACC Policy 5001-12*