**Probationary Period Report**

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| Employee’s Name: | | |
| Payroll Title/ Classification: | | |
| Department: | | |
| Supervisor’s Name: | | |
| Date Hired: | Date Probationary Period is scheduled to end: | Date Probationary Period is scheduled to end, in case of extension: |

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| **Performance Evaluation**  This performance review should occur prior to the completion of the probationary period and shall include an evaluation in writing.  Employee has satisfactorily completed the Probationary Period and has been granted regular  employee status effective \_\_\_\_\_\_\_\_\_\_\_\_\_.  (date)  Employee was given written notification on \_\_\_\_\_\_\_\_\_\_\_\_ that the Probationary Period was  extended for \_\_\_\_\_\_\_\_\_ months. (date) | |
| I certify that this evaluation review was conducted on \_\_\_\_\_\_\_\_\_\_\_\_.  (date)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Supervisor’s signature) | I have received a copy of my evaluation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Employee’s Signature) |

After performance evaluation review has been completed, retain this form in the employee’s department personnel file.