

PROBATION EVALUATION FORM

_____ **THROUGH** _____

Name

Title

Program

_____ Remove employee from Probation Status (Employee signature is not required)

_____ Extend probation until _____ at which time the employee will be reevaluated. (Supervisor's comments and the employee's signature is required)

Supervisor's Comments

Employee Comments:

Employee Signature

Supervisor Signature

Date

* Employee signature is not required unless probation period is extended.