

EMPLOYEE PROBATION FORM

HUMAN RESOURCES FORMATS

Date: _____ Department: _____ Operation: _____

Unit: _____ Supervisor: _____ Sign. _____

Employee Name: _____ Job Title: _____

#	Particulars	Rank				Comments
		A	B	C	D	
01						
02						
03						
05						
06						
07						
08						
A= EXCELLENT		B=GOOD		C=NEED IMPROVEMENT		D=UNSATISFACTORY

Overall job performance

- Satisfactory
- Unsatisfactory
- Opportunity for improvement

Recommended for regular employee: _____ YES _____ NO

Current Probation Period: _____ Month & Date of Expiry: _____

Extended probation period: _____ Month & Date of Expiry: _____

Effective date of Leave Company by employee: _____

Supervisor Sign: _____

Manger Sign: _____