



# Probationary Status Form

<b>Employee Name</b>			<b>Date</b>
LAST	FIRST	MI	

<b>Office Name</b>		<b>Phone Number</b>
<b>Personnel Number</b>	<b>Name of Supervisor/ Manager</b>	<b>Phone Number</b>

**PERFORMANCE APPRAISAL (3-MONTHS EMPLOYMENT)****1. ATTENDANCE:****2. INSERVICE ATTENDANCE/TRAINING REQUIREMENTS:****3. PERFORMANCE STANDARDS:****4. PERFORMANCE IMPROVEMENT PLAN:**

EMPLOYEE SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
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DIVISION SUPERVISOR/MANAGER SIGNATURE	DATE
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**COMPLETION OF 6 -MONTHS EMPLOYMENT:**

RECOMMEND PERMANENT STATUS     
  RECOMMEND TERMINATION OF EMPLOYMENT

**COMMENTS:**

EMPLOYEE SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
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DIVISION SUPERVISOR/MANAGER SIGNATURE	DATE
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