

PROBATIONARY PERIOD - EVALUATION REPORT

(SUPERVISORY SECURITY POSITIONS, PROFESSIONAL AND ADMINISTRATIVE)

INSTRUCTIONS: Distribute as follows: original to Personnel folder, copy to employee

EMPLOYEE	TITLE
OFFICE	IMMEDIATE SUPERVISOR
DATE OF PERMANENT APPOINTMENT	DURATION OF PROBATIONARY PERIOD
REPORT FOR PERIOD OF _____/_____/_____ TO _____/_____/_____	26-52 WKS. 12-52 WKS. OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

EVALUATION: Include in the attached remarks the type of training given, the quantitative performance, and the quality of the probationer's work. Submit your evaluation of the probationer's demeanor, ability to use authority acceptably, and relation to clients and coworkers. Attach additional sheets to this form.

RECOMMENDATION:

(Not final until approved by Central Office Personnel)

Continuation of Probation

Permanent Retention (Final Report Only)

Termination

PROBATIONARY PERIODS WILL BE EXTENDED TO THE MAXIMUM

Supervisor's Signature

Title

Date

Facility/Division Head's/Regional Director's Signature

Title

Date

Employee's Signature

Title

Date

TIME USE SUMMARY

The probationary period will be extended by all absences (except military leave and holidays) if absent more than 20 days for 26-52 week probationary periods or 10 days for 8-26 week probationary periods. Probationary periods may be extended for absences of less than the number of days specified above at the discretion of the appointing authority.

DAYS USED	THIS PERIOD	TOTAL
ANNUAL LEAVE		
PERSONAL LEAVE		
SICK LEAVE		
WORKER'S COMP.		
TARDY (HRS.)		
OTHER (SPECIFY)		