



# EMPLOYEE PROBATION EVALUATION FORM

Name : \_\_\_\_\_

Position : \_\_\_\_\_

Department : \_\_\_\_\_

Probation End Date : \_\_\_\_\_

Please review and evaluate the employee's proven and observable on-the-job performance.

( ) Above average – Often performs beyond normal job requirements

( ) Satisfactory – Fulfills normal job requirements

( ) Less than satisfactory – Generally performs below job requirements, but with expected improvements, could meet the requirements

( ) Unacceptable – Performance is consistently unsatisfactory in critical areas. Needs improvements and further discussion with superior/HOD.

Observations: ( ) Confirm ( ) Extend Probation: \_\_\_\_\_ Months

Comments:

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Reviewed By:

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Name:

Date :

Position: