

**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. (Program Director/Program Manager comments and the employee’s signature is required)

Program Director/Program Manager Comments

**Employee Comments:**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Program Director/Program Manager  
Signature

\_\_\_\_\_  
Date

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