 Completion of 6-Month   
Probationary Period

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYEE INFORMATION** | | | | | | | | | | |
| Name: | Enter Full Name | | | | Title: | | | Enter Title | | |
| Dept.: | Enter Department | | | | Hire Date: | | | | | Enter Hire Date |
| **SUPERVISOR INFORMATION** | | | | | | | | | | |
| Name: | Enter Full Name | | | | | Title: | | | Enter Title | |
| **REMARKS** | | | | | | | | | | |
| Example: I would like to take this opportunity to formally recognize that as of the date above, your six-month probationary period will be completed. In addition, I am pleased to let you know that in the areas of position expertise, approach to work, quantity of work, communication skills and interpersonal skills, your performance has been (satisfactory, more than satisfactory, exceptional). Enter strong points (i.e., the relationships you have established and the problem-solving skills you have displayed are greatly appreciated by me and the department) and goals (i.e., ensure that reports, meeting agendas and correspondence are prepared in a timely and accurate manner). | | | | | | | | | | |
| **Completion Date:** | | | Enter Completion Date | | | | | | | |
| Enter Remarks | | | | | | | | | | |
| **SUPERVISOR** | | | | | | | | | | |
| **Signature:** | |  | | **Date:** | | | Enter Date | | | |
| **Cc:** Enter Department Head Name & Title  Personnel File | | | | | | | | | | |