



PROBATIONARY ASSESSMENT

Employee Name:	<input type="text"/>	Hospital ID:	<input type="text"/>
Position Title:	<input type="text"/>		
Department:	<input type="text"/>		
Appraisal Type:	Probationary <input type="checkbox"/>	Reappraisal <input type="checkbox"/>	Evaluation Period: From <input type="text"/> To <input type="text"/> <small>Month/Year Month/Year</small>

- Employee Has Successfully Completed Probation
 Employee Has Not Successfully Completed Probation (Explain Below)
 Employee's Probation Period is Being Extended (Explain Below)

Extended Date: / /
mm dd yy

Reason Probation is Being Extended or Deemed Unsuccessful:

Supervisor's Name and Title:

Supervisor's Signature: _____

Date: / /
mm dd yy

Department Head's Name and Title:

Department Head's Signature: _____

Date: / /
mm dd yy

Employee's Signature: _____

Date: / /
mm dd yy

Labor Relations' Signature: _____

Date: / /
mm dd yy