

TEN MONTH EVALUATION REPORT

(For employees serving trial (Probationary) period)

FROM	TO
NAME <i>(Last, first, middle)</i>	PROBATIONARY PERIOD ENDS <i>(Date)</i>
POSITION TITLE	SERIES AND GRADE

INSTRUCTIONS

1. The person named above will soon complete ten months of the one year of satisfactory service required of all new appointees in the Federal Service as a probationary or trial period, prerequisite to the attainment of competitive status.

2. Since this period is the final phase of the examining process, it will be appreciated if you will consider the conduct and performance

of this employee and complete the statements below pertaining to his or her services.

3. Reports must be completed and returned to the originating office within fifteen calendar days after receipt.

DATE	SIGNATURE
FROM	TO

SECTION I - APPRAISAL OF EMPLOYEE

YES	NO	DESCRIPTION <i>(Check appropriate box)</i>
		1. Attendance record has been satisfactory
		2. Meets the performance standards of his position
		3. Cooperates with supervisor and co-workers
		4. Is quick to learn and adapts to new environment
		5. Is capable of performing more responsible duties than those presently assigned
		6. Observes the leave regulations of the organization
		7. Shows resentment at having deficiencies called to attention
		8. Fails to show improvements when deficiencies are called to attention
		9. Acceptability of work discussed - include discussion of merits, opportunity for advancement, shortcomings, suggestions for improvement, and the like <i>(Show when and by whom in items 10 and 11).</i>

10. DATE DISCUSSED	11. DISCUSSED BY <i>(Name and title)</i>
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SECTION II - RECOMMENDATION *(after careful analysis of employee's services, conduct and leave record, recommendation is made as checked below)*

	12. That employee be continued <i>(Performance and conduct of the employee named herein are certified to be satisfactory)</i>
	13. That employee be continued, but that his performance be closely observed and further report be made before the close of the trial or probationary period.
	14. That employee's appointment be terminated <i>(Give reason for this recommendation below in "Remarks")</i>

SECTION III - REMARKS *(Additional elements considered in the evaluation of employee named herein should be indicated below. Use additional sheet, if more space is required.)*

DATE	NAME AND TITLE OF SUPERVISOR	SIGNATURE
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FORWARDED APPROVED:

DATE	NAME AND TITLE OF DIVISION CHIEF	SIGNATURE
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