| FORM CD-35<br>(Rev 1-08)  | U.S. DEPARTMENT OF COMMERCE<br>PROBATIONARY OR TRIAL PERIOD REPORT |  |             |       |      |      |
|---|--|--|-------------|-------|------|------|
| TO  | RESOURCES OFFICE   | FROM                                       | ОМ          |       |      |      |
| Instructions<br>The employee named below is serving a probationary or trial period. This "test" period is an extension of the examination process for Federal employment, during which the employee<br>must demonstrate the capacity and fitness to be retained in the Federal service. The supervisor or manager of each employee serving a probationary or trial period must submit a<br>signed statement certifying that the employee's performance and conduct have been found to be satisfactory or unsatisfactory and recommend whether the individual should be<br>retained. The statement, which is provided by the supervisor to the SHRO, must be completed no later than one month prior to the end of the employee's probationary period. |  |  |             |       |      |      |
| 1. Employee's Name  |  | 2. Probationary Period<br>Starts:<br>Ends: |             |       |      |      |
| 3. Title, Series, Grade   |  | 4. Organization                            |             |       |      |      |
| Supervisor's Report (Check One)   I have found the performance, conduct, and general traits of character of the employee named above to be satisfactory.   I have found the performance, conduct, and general traits of character of the employee named above not to be satisfactory.   |  |  |             |       |      |      |
| Supervisor's Recommendation (Check One)   I recommend that the employee named above be retained beyond the expiration of the probationary or trial period.   I recommend that the employee named above not be retained beyond the expiration of the probationary or trial period.   (Note: If you recommend the employee not be retained, notify the personnel office immediately)  |  |  |             |       |      |      |
| Signature of the Supervisor   |  |  |             |       | Date |      |
| Approvals as required<br>by applicable<br>delegations of<br>authority.  | Signature  |  |             | Title |      | Date |
| Submitting Office Number Organizatio  |  |  | Agency Code |       |      |      |
| Return completed form to your serviciing Human Resouces Office one month prior to the end of the employee's probationary period.  |  |  |             |       |      |      |