

COMPANY NAME

EMPLOYEE PROBATION MEMORANDUM

EMPLOYEE NAME _____ CURRENT DATE _____

IMMEDIATE SUPERVISOR _____

PROBATION START DATE _____ TIME _____

1. REASON FOR PROBATION _____

2. DEGREE OF IMPROVEMENT EXPECTED _____

3. STEPS SUPERVISOR WILL TAKE TO ASSIST EMPLOYEE'S IMPROVEMENT _____

4. STEPS EMPLOYEE MUST TAKE TO IMPROVE _____

5. MEANS BY WHICH SUPERVISOR WILL MONITOR PROGRESS DURING PROBATION

6. FURTHER ACTION TO BE TAKEN AT END OF IMPROVEMENT PERIOD IF PERFORMANCE
DOES NOT IMPROVE: _____

EMPLOYEE'S SIGNATURE

SUPERVISOR'S SIGNATURE

ORIGINAL: Personnel File

COPIES: Employee & Signator

AUTHORIZED SIGNATURE