



Mountwest 3-Month Probationary Period Check In – Classified Staff

Employee Name: _____ Employee Title: _____ Start Date: _____

Supervisor Name: _____ Department: _____

Instructions: Discuss the employee’s progress and provide feedback for any necessary improvement.

- No Improvement Needed at this Time. Expectations are being met/exceeded.
- Improvement Needed. The following items need improvement. The details on how to improve have been discussed:

- Release from Employment: The employee is released from employment effective (date)_____. Reasoning: _____
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Supervisor’s Signature: _____ Date: _____

Employee’s Signature: _____ Date: _____

*Signature is not required if the employee is released from employment.

CC: Human Resources – Original
Employee
Department File