

Travis County Emergency Services District #1

Probationary Completion Form

Choose one: **Probationary Review** **Extended Probationary Review**

Employee Name: _____ Supervisor Name: _____

ID: # _____ Classification/Job Title: _____ Date of Review: _____

Summary of employee's performance (Related to job duties, behavior and general performance):

Personal Improvement Plan (Related to job duties, behavior and general performance):

See back if additional space is needed

Probationary Determination:

Probationary Determination

The performance and/or conduct of the employee met expectations during the probationary period. The employee successfully completed probation.

The performance and/or conduct of the employee did NOT meet expectations during the probationary period. Extension of probationary period for 180 days with Travis County ESD #1 recommended.

The performance and/or conduct of the employee did NOT meet expectations during the probationary period. Termination of employment with Travis County ESD #1 recommended.

Extended Probation Determination

The performance and/or conduct of the employee met expectations during the extended probationary period. The employee successfully completed probation.

The performance and/or conduct of the employee did NOT meet expectations during the extended probationary period. Termination of employment with Travis County ESD #1 recommended.

Below signatures indicate that the above information was discussed.

Employee Signature: _____ Date of discussion _____

Supervisor Signature: _____ Date of discussion _____

Head of Department Signature: _____ Date of approval _____

When the probationary or extended probationary review is completed, provide a copy of signed document to the employee and retain a copy of the document in the employee's personnel file.

Summary of employee's performance (Related to job duties, behavior and general performance):

Personal Improvement Plan (Related to job duties, behavior and general performance):