



REPORT ON PROBATIONARY EMPLOYEE FOR ALL NON TEACHING STAFF

To be completed by the immediate supervisor during the final one-third of the probationary period.

Name:

School:

Position:

Union/Association:

Date of Hiring:

Date of Report:

From my observations of the work of this individual and other contact, I have formed the judgement checked below:

1. I am satisfied with the progress this individual is making.
2. Although this individual is having some difficulties, reasonable progress is being made.
3. This individual is encountering serious difficulties and is receiving further assistance.
4. This individual is not recommended for continued employment.

SUPERVISOR COMMENTS:

Date: _____ Supervisor Signature: _____

EMPLOYEE COMMENTS:

Date: _____ Employee Signature: _____

FOR OFFICE USE ONLY

Please submit as follows to the Superintendent's Department:

- IANTE – (90 paid full or partial days)
- CUPE – (3 months)
- Bus Drivers' Association – (6 months)
- Non-Unionized Special Education – (3 months)
- All Others – Superintendent's Department (3 months)