**PROBATION COMPLETION FORM**

**Performance Evaluation Form for FMCL Employees Completing Their Probation Period**

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| --- | --- | --- | --- |
| **NAME:** | **CID No:** | | **DESIGNATION:** |
| **GRADE:** | **POSSTING:** | | **DIVISION:** |
| **PROBATION START DATE:** | | **PROBATION COMPLETION DATE:** | |
| While filling up the Probation Completion Form, Please be as legible as possible. Keep the form clean. Avoid over writing and cutting as much as possible.  Give a brief description of the duties carried to by the candidate during the Probation Period. (Please attach extra sheet if needed) | | | | |
|  | | | | |
| Performance Rating   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Unsatisfactory** | **Satisfactory** | **Good** | **Very Good** | **Outstanding** | |  |  |  |  |  | | | | | |
| Remarks by **Regional Manager/HR/ADM Officer**  Signature | | | | |
| Recommendation by: **Divisional General Manager**  Signature | | | | |
| Recommendation by: **Chief Executive Officer**  Signature | | | | |