**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** |
|  |  |  |  |  |

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| Remarks by **Regional Manager/HR/ADM Officer** Signature |
| Recommendation by: **Divisional General Manager** Signature |
| Recommendation by: **Chief Executive Officer**  Signature  |