



Okaloosa County Board of County Commissioners
Human Resources & Risk Management Department

EMPLOYEE PROBATIONARY FORM

NAME (LAST, FIRST, MI)	JOB TITLE
DEPARTMENT	DATE OF EMPLOYMENT
END OF PROBATION DATE	RETURN TO HUMAN RESOURCES BY

SUCCESSFULLY COMPLETED

PROBATION EXTENDED UNTIL _____

COMMENTS (OPTIONAL):

SUPERVISOR'S SIGNATURE

Printed Name

Signature

MANAGER'S SIGNATURE

Printed Name

Signature

DIRECTOR'S SIGNATURE

Printed Name

Signature

EMPLOYEE ACKNOWLEDGEMENT:

Date

Signature

SUCCESSFULLY COMPLETED PROBATIONARY EXTENSION ON _____
Date

Supervisor's Signature

Director's Signature

Manager's Signature

Employee's Signature

Check Box if Additional Comments Attached