

TRIAL PERIOD EVALUATION FORM

EMPLOYEE'S	Name Surname : Personnel No. : Employment Date : Trial Period : Position :
<p>To the Unit of</p> <p>Your employee mentioned above will be completing his/her trial period of months on/./..... Please inform us whether your employee will continue to work when the trial period ends.</p>	
Human Resources	
TO HUMAN RESOURCES	
<p>1) The above mentioned employee has successfully completed his/her trial period and has been found appropriate to continue to work with the same conditions.</p> <p>2) The above mentioned employee has successfully completed his/her trial period and has been found appropriate to continue to work as of with a monthly gross salary of TL</p> <p>3) As the above mentioned employee is found insufficient during the trial period, I would kindly request you to end his/her contract.</p>	
<p>NOTE: The valid option should be marked.</p>	
UNIT MANAGER Signature..... Date/...../.....	HUMAN RESOURCES DIRECTOR Signature..... Date/...../.....