

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> <p style="text-align: right;">Human Resources</p>	
TO HUMAN RESOURCES	
<p>1) The above mentioned employee has succesfully 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 succesfully 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	HUMAN RESOURCES DIRECTOR
Signature.....	Signature.....
Date/...../.....	Date/...../.....