

**TOWN OF WAYLAND
PROBATIONARY STATUS
MIDPOINT**

Employee: _____

First Day Of Work: _____

Department: _____

Probation Ends: _____

To be completed at the midpoint of probation

This probationary employee's performance thus far has been:

_____ Satisfactory

_____ Unsatisfactory

Comments - Describe any Unsatisfactory performance; identify corrective measures that the employee must take in order to successfully complete probation:

Department Head: _____

Date: _____

Appointing Authority: _____

Date: _____

**TOWN OF WAYLAND
PROBATIONARY STATUS
END OF PROBATION**

Employee: _____

First Day Of Work: _____

Department: _____

Probation Ends: _____

To be completed 5 work days prior to the end of probation

This probationary employee's performance thus far has been:

_____ Satisfactory I recommend this employee be retained.

_____ Unsatisfactory I recommend this employee not be retained.

Comments - Describe any Unsatisfactory performance; identify the results of corrective measures taken:

Department Head: _____

Date: _____

Appointing Authority: _____

Date: _____