

TOWN OF BRUNSWICK
SIX MONTH CERTIFICATION OF AFCME EMPLOYEE PERFORMANCE

Employee Name _____

Department _____

Position/Title _____

Date of Hire _____

Date Appointed to Present Position _____

Covering Period From _____ to _____

Next Evaluation Date _____

Evaluator's Name _____ Title _____

() I certify that this employee has successfully completed the 6-month probationary period per the AFSCME contract.

() I certify that the above-named employee has not made satisfactory progress toward completion of the 6-month probationary period. Improvement is necessary in the following areas:

Reviewer Signature

Date

My signature below indicates that I have seen this certification.

Employee Signature

Date

Department Head Signature

Date