

TOWN OF BRUNSWICK
THREE MONTH CERTIFICATION OF EMPLOYEE PERFORMANCE
ALL EMPLOYEES

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 the above-named employee is making satisfactory progress toward completion of the REQUIRED probationary period.

- () I certify that the above-named employee is not making satisfactory progress toward completion of the REQUIRED 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

