

State of Maryland Performance Planning & Evaluation Program

Probationary Evaluation Form

To be completed for probationary employees ONLY

Employee Name: _____ Supervisor: _____

Classification: _____ Agency Appropriation Code: _____

Probation Period: ☐ Initial ☐ Extended From: _____ To: _____

An appointing authority shall ensure that at the end of an employee's first 90 days of probation, at the end of the initial probation period, and at the mid-point of an extended probation, the employee receives a written evaluation of the employee's performance and any recommendations for improvement.

Evaluation Due Date: _____ ☐ 90-Day Evaluation ☐ End of Initial Probation Period
☐ Extended Probation Period ☐ Mid-point of Extended Probation Period

Probationary Status:

- ☐ a. Initial probation
- ☐ b. Probation following competitive promotion
- ☐ c. Probation following reinstatement (Employee who is reinstated after one year to a position in the skilled or professional services must serve another probationary period.)

Recommended Action on Probationary Status:

- ☐ 1. Satisfactory completion of probation.
(Retain this report in Agency files, also give a copy of this report to the employee.)
- ☐ 2. Termination of probation effective: _____ (date).
(Provide a detailed explanation for termination in Section 5. Give a copy of this report to the employee. Inform the employee that an appeal may be filed in accordance with law and regulation. Retain this report in agency files. Process transaction via the on-line Statewide Personnel System (SPS.)
- ☐ 3. Extension of probation to: _____ (date).
(Retain this report in agency files. Provide explanation for extension in Section 5. Give copy of this report to the employee. **Grade 1-6, maximum of 3 months. Grade 7 or more, maximum of 6 months.**)
- ☐ 4. Demotion effective _____ (date) or removal and return to previous position effective _____ (date).
(Provide a detailed explanation for demotion in Section 5. Give a copy of this report to the employee. Inform the employee that an appeal may be filed in accordance with law and regulation. Retain this report in agency files. Process transaction via the on-line Statewide Personnel System (SPS.)

EMPLOYEE CERTIFICATION:

I hereby certify that I have personally reviewed this report, and understand that my signature does not imply agreement or disagreement.

Employee Signature Date

Date of Probationary Evaluation

SUPERVISOR CERTIFICATION:

I hereby certify that this report constitutes my best judgment of the performance of this employee, and is based on personal observation and knowledge of his/her work.

Supervisor Signature Date

Appointing Authority Signature Date

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- This image shows a full page of blank, lined paper. It features approximately 28 horizontal black lines spaced evenly apart, typical of standard notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings present.