



# Mountwest

## Community & Technical College

### Mountwest 3-Month Probationary Period Check In – Classified Staff

Employee Name: \_\_\_\_\_ Employee Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Department: \_\_\_\_\_

**Instructions: Discuss the employee’s progress and provide feedback for any necessary improvement.**

- No Improvement Needed at this Time. Expectations are being met/exceeded.
- Improvement Needed. The following items need improvement. The details on how to improve have been discussed:

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- Release from Employment: The employee is released from employment effective (date)\_\_\_\_\_.

Reasoning: \_\_\_\_\_

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Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature is not required if the employee is released from employment.

CC: Human Resources – Original  
Employee  
Department File