



PROBATIONARY PERIOD ACKNOWLEDGMENT

CLIENT NAME	_____	DATE	_____
EMPLOYEE NAME	_____	SS#	_____
DEPARTMENT	_____	POSITION	_____
DATE OF HIRE	_____	END OF PROBATIONARY PERIOD	_____

ACKNOWLEDGMENT AND AGREEMENT

I have accepted the above position with _____ (hereafter referred to as the "Company"). I understand that the first ninety (90) calendar days of employment with the Company are considered a 90-day probationary period.

Further, I fully understand that successful completion of my 90-day probationary period does not alter or change the nature of my "at will" employment, nor does successful completion create an employment contract. I understand that either the Company and/or me can end the employment at any time, with or without notice or cause (i.e., it is "at will").

EMPLOYEE SIGNATURE	_____	DATE	_____
PRINT NAME	_____		
SUPERVISOR SIGNATURE	_____	DATE	_____