

PROBATIONARY PERIOD ACKNOWLEDGMENT

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