AFC Unit_____ A45.100

ARKANSAS FORESTRY COMMISSION
PROBATIONARY STATUS FORM [1]

_____ _____ _____
EMPLOYEE NAME HAS HAS NOT

Successfully completed the job requirements for _____
Job Title

Continued employment recommended:
Yes ⊕ If yes, remarks below are optional. No ⊕ If no, remarks below required.

Remarks: _____

_____

_____

_____

Date_____ Supervisor's Signature _____

Date_____ Employee's Signature _____

11/7/02

[1] For supervisor completion at end of employee's probationary period.