

Probationary Employment Agreement Form

Employee Information

Employee Name

Address

Position/Job Title

Department

Probation Start Date

Probation End Date

Agreement Terms

Monthly Salary

Working Hours

Supervisor/Manager Name

Job Description/Key Responsibilities

Other Terms & Conditions

Acceptance

I hereby acknowledge that I have read, understood, and agree to the terms and conditions of my probationary employment as stated above.

Employee Signature

Date

Employer Representative

Date