

Due in Police Personnel by: \_\_\_\_\_

Anne Arundel County Police Department  
Millersville, Maryland 21108

**PROBATIONARY EMPLOYEE EVALUATION FORM**

Employee Name:	Date:
Supervisor Name:	Assignment:

Rating Period Beginning Date:	Rating Period Ending Date:
During the rating period, the employee's work was: <input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Supervisor's Comments: (Ratings marked "outstanding" or "unsatisfactory" require written explanation)	

Notice to employee: You are entitled to comment in writing on this evaluation and receive a written copy of it.

Employee's Comments:
Employee's Signature:

Supervisor's Signature & Date:
Reviewing Official's Signature & Date:

**The original evaluation form must be sent to the Police Personnel Section.**