

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PROBATIONARY EMPLOYEE CERTIFICATION AND RECOMMENDATION

**SUPERVISORS/MANAGERS**

TO: \_\_\_\_\_  
FROM: \_\_\_\_\_  
DEADLINE DATE (for return of this form to  
Personnel Office) \_\_\_\_\_

Name	Social Security No.	Grade	Bureau/Office, Division Branch, Section, Shift
Position Title		Period Evaluated	

**Refer to HHS Instruction 315-2.** As the supervisor, you are responsible for evaluating the general supervisory or managerial abilities pertaining to the above named employee. You are required to document the reasons supporting a recommendation to retain or remove the employee from his/her current position.

I certify that the employee's supervisory/managerial performance has been (check one)

satisfactory     unsatisfactory.

Therefore, I recommended that the employee (check one)  be retained or  place in a position at the same grade level that is equivalent to the position that was held prior to entry into the current supervisory or managerial position.

THE BASIS FOR MY RECOMMENDATION IS AS FOLLOWS:

Signature of Immediate Supervisor	Title	Date
Signature of Reviewing Official	Title	Date

**PRIVACY ACT NOTICE**

The collection of the information requested on this form is authorized by Title 5, United States Code S 3321 and the regulations issued thereunder. The information will be used in completing the probationary period rating required by HHS Instruction 315-1. This information should be used: a) in deciding on the retention or separation of the employee; b) for statistical information, excluding personal identification of individuals; and c) for other routine uses published in accordance with 5 USC 552a. In accordance with the Privacy Act, this information may be made available to the employee upon request. When completed, this form is a record subject to the provisions of the Privacy Act. As such, it must be safeguarded against unauthorized disclosure.