

EMPLOYEE ACKNOWLEDGEMENT OF PROBATION

I, _____, understand that I am on probation as an employee for the first ninety (90) days of my employment which started on _____ for the purposes of the Florida Unemployment Compensation Law. I understand that if my employer discharges me for unsatisfactory work performance under the Florida Unemployment Compensation Law, Ch. 443.131(3)(a)(2)F.S., he will not have his account charged for any unemployment benefits I might be determined eligible for in the future.

I acknowledge that I signed this form within seven (7) days of my employment.

I have received a copy of this:

Yes

No

Signature of New Employee

Social Security Number

Date Signed

I, _____, recognize and accept as a term of hire a ninety (90) day probationary period as an employee of _____.

I also understand that if my job performance is unacceptable, I may be terminated during this period.

Employee Signature

Effective Date Hired

Date Signed