

Flexible Work Trial Period Evaluation Form

Employee Name

Position/Department

Supervisor Name

Evaluation Date

Flexible Work Arrangement Type

Trial Period Start Date

Trial Period End Date

Evaluation Criteria

1. Work Quality

2. Communication & Collaboration

3. Timeliness & Attendance

4. Accountability & Productivity

5. Other Comments

Summary & Recommendation

Overall Assessment

Recommendation

If "Other", please specify

Supervisor Signature

Date