



BC Public Service Agency
Rehabilitation Employment Trial Progress Report

Ministry Contact:		Date:
Phone:	Fax:	
Employee Name:	Classification:	Employee No.
Usual work location:		
Name of supervisor during trial:		
Location of Trial:	Classification:	Grid:
Schedule:		
Total length of trial:	Tentative date for return to work:	
Attendance:	No. of days away:	No. of occasions:
Reason(s) for absence(s): _____ _____ _____		
List modifications, employee's restrictions or limitations: _____ _____ _____		
Describe specific projects or assignments: _____ _____ _____		
Describe progress:	Good: <input type="checkbox"/>	Satisfactory: <input type="checkbox"/>
Requires more training: <input type="checkbox"/>		
Comments on progress and abilities: _____ _____ _____		

Please provide your observations related to the employee's progress with the key duties of the trial position:

OFFICE DUTIES:

Task	Excellent	Suitable	Needs improvement	Unsatisfactory	Not applicable
Knowledge of office procedures					
Word processing					
Typing speed					
Computer skills					
Client service					
Accuracy of work					
Meeting deadlines					
Ability to supervise					
Making appropriate decisions					
Financial					

ATTACH JOB DESCRIPTION IF APPROPRIATE:

SPECIAL ASSIGNMENTS/DUTIES:

Task	Excellent	Suitable	Needs improvement	Unsatisfactory	Not applicable

FIELD DUTIES :

Task	Excellent	Suitable	Needs improvement	Unsatisfactory	Not applicable

RECOMMENDATIONS:

A) Extend trial to: _____ (date)

Revise: Hours: _____
Duties: _____

B) Terminate Trial: Successful / Unsuccessful

C) Other:

TRIAL SUPERVISOR/MANAGER SIGNATURE:	DATE:
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