

Employee 90 Day Letter

EMPLOYEE NAME _____

PLEASE PRINT

As you become an employee we wish to inform you that all employees are governed by a 90 day probationary period.

The Florida Unemployment Compensation Law provides that any claimant who has voluntarily left work without good cause or has been discharged by the employing unit for unsatisfactory job performance within the 90 day probationary period, shall be disqualified from receiving benefits.

Please sign below that the 90 day probationary period has been explained to you.

EMPLOYEE SIGNATURE - _____

DATE- _____