State of Illinois
Department of Human Services - Illinois Migrant and Seasonal Head Start

Delegate Agency Employment Record

Delegate Agency Name: _____ **Employee Name:** _____

Date of Hire: _____ **Title:** _____
Rate of Pay: _____ **Date of Probationary Evaluation:** _____
Date of Annual Evaluation: _____ **Outcome:** _____
Date of Termination in Title: _____ **Reason:** _____

Date of Hire: _____ **Title:** _____
Rate of Pay: _____ **Date of Probationary Evaluation:** _____
Date of Annual Evaluation: _____ **Outcome:** _____
Date of Termination in Title: _____ **Reason:** _____

Date of Hire: _____ **Title:** _____
Rate of Pay: _____ **Date of Probationary Evaluation:** _____
Date of Annual Evaluation: _____ **Outcome:** _____
Date of Termination in Title: _____ **Reason:** _____

Date of Hire: _____ **Title:** _____
Rate of Pay: _____ **Date of Probationary Evaluation:** _____
Date of Annual Evaluation: _____ **Outcome:** _____
Date of Termination in Title: _____ **Reason:** _____

Date of Hire: _____ **Title:** _____
Rate of Pay: _____ **Date of Probationary Evaluation:** _____
Date of Annual Evaluation: _____ **Outcome:** _____
Date of Termination in Title: _____ **Reason:** _____

Date of Hire: _____ **Title:** _____
Rate of Pay: _____ **Date of Probationary Evaluation:** _____
Date of Annual Evaluation: _____ **Outcome:** _____
Date of Termination in Title: _____ **Reason:** _____

Date of Hire: _____ **Title:** _____
Rate of Pay: _____ **Date of Probationary Evaluation:** _____
Date of Annual Evaluation: _____ **Outcome:** _____
Date of Termination in Title: _____ **Reason:** _____

Date of Hire: _____ **Title:** _____
Rate of Pay: _____ **Date of Probationary Evaluation:** _____
Date of Annual Evaluation: _____ **Outcome:** _____
Date of Termination in Title: _____ **Reason:** _____