

REQUEST FOR EXTENSION OF INITIAL PROBATIONARY PERIOD

To: Human Resources Department

Date: _____

From: _____
Department Head/Agency

Dept.: _____

In accordance with Article 6 Section 601 (B) of the Resolution, request that the Initial probationary period of the following employee be extended by 520 hours (approximately 3 months). The employee's probationary period (has ____ has not ____) been extended before.

Employee's Name: _____

Employee No.: _____

Exact Classification Title: _____

Date of hire into this class: _____

Date of hire in dept.: _____

Date current probation is estimated to be completed: _____

(This form must be submitted to the Human Resources Dept. at least two pay periods prior to completion of probation.)

Performance evaluation(s) has ____ has not ____ been completed on this employee. (Attach a copy of all evaluations which have been given to the employee.)

Dept. Contact: _____

Phone: _____

Reason for Request (i.e., describe rare and extenuating circumstances; if additional space is needed to explain reasons for request, please use the reverse side of this form.)

Department Head Signature: _____

HUMAN RESOURCES DEPARTMENT ONLY

Human Resources Department Review: Approved _____ Not Approved _____

Instructions to Department: _____

Instructions to Personnel/Payroll: _____

Human Resources Director or designee

Date