



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK

Office of Human Resources

PROBATIONARY PERIOD DETERMINATION

Name of Employee:

Line #:

Title of Employee:

Grade:

Date probation began:

Ending Probation Date:

The above-noted employee served at least the minimum probationary period assigned to his/her position.

My general evaluation of the service of the employee is:

- Superior Satisfactory Less than satisfactory

My recommendation is that the employee status for this title/position be updated to:

- Probation period completed and passed.
 Probation period be extended.
{ Note: probation period extensions are not less than 12 or more than 26 weeks. }
 Probation period failed / Employee to be reinstated to previous title/position.
 Probation period failed / Employee to be terminated.

{ Note: this is applicable only to new hire NY state employee(s) in initial probation period. }

Signature of Supervisor

Date

I confirm that I have received my probationary evaluation and recommendation.

Signature of Employee

Date

PLEASE SEND THIS FORM, SIGNED AND DATED, TO THE OFFICE OF HUMAN RESOURCES.