

REPORT ON PROBATIONARY SERVICE

DER REPORT NO.

To the Board of City Service Commissioners

Distribute a copy to:

- Employee
- Department
- Union *(if required)*
- See 3C below
- Dept. of Employee Relations – Pay Services Section

Date: _____

Employee:		Employee ID No.:
Department:		Immediate Supervisor:
Job Title:		

Will complete probationary period after having worked _____ months in this job title.

Please complete this form and return it to the *Department of Employee Relations – Pay Services Section* before completion of the probationary period.

1. Place a check mark in the appropriate space to indicate the kind of service this employee is performing:

FACTORS	Outstanding	Exceeds Job Requirements	Meets Job Requirements	Below Job Requirements	Unsatisfactory
Quality of Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality & Attendance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Ability to work with others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* *Is employee cooperative, tactful and courteous?*

2. Please comment upon employee's work:

3. In view of the performance of the employee rated above:

A. I certify that the employee's service has been satisfactory and that the appointment should become regular.	<input type="checkbox"/>
B. I am terminating the employee's appointment before the completion of the probationary period effective _____ . [Copy of letter of termination (CS-80) with full details should be attached when returning this form.] (Notice to certified Unions is required if a bargaining unit employee is involved.)	<input type="checkbox"/>
C. I recommend that the probationary period be extended for _____ months. We have notified this employee that we are making this request and we have counseled this employee regarding improvement needed. (This requires City Service Commission action. The Commission does not grant extensions for City Laborers. Return at least 30 days before close of probationary period.) <i>When requesting an extension, please send this form directly to the Employee Relations Director so early City Service Commission action can be taken. If this statement is checked and if employee is in a certified bargaining unit, send a copy to the Union.</i>	<input type="checkbox"/>
D. <i>Other (explain):</i>	<input type="checkbox"/>

Signature of Supervisor:		Date:
PRINT Name:		
Title:		
Signature of Dept. Head:		Date:
PRINT Name:		
Title:		