



SUNY Brockport
Human Resources

TO: Serena Starr (c/o JoAnne), Human Resources

FROM: Supervisor Name / Department

DATE: _____, 2011

RE: PROBATIONARY PERIOD

Name of Employee:

Line #:

Title of Employee: _____, SG-__

Date probation began: _____

Maximum end probation date: _____

(Human Resources verifies above information for employee)

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 reviewed this supervisor's probationary evaluation and recommendation.

Signature of Employee

Date

**PLEASE COMPLETE AND RETURN THIS FORM TO HUMAN RESOURCES
APPROXIMATELY 3 WEEKS PRIOR TO THE ENDING PROBATION DATE.**