

Probation Outcome Form

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| **Employee Name** |  |
| **Employee Banner ID** |  |
| **Employee Job Title** |  |
| **Supervisor’s Name** |  |
| **Date of Hire** |  |
| **Probationary Period End Date** |  |

Probation Outcome (please check one):

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| --- | --- |
|  | Probationary period completed with acceptable results. Employment to be continued after probationary period. |
|  | Probationary period complete. After review of employee’s performance, decision made to extend probation one year. |
|  | Probationary period complete. After review of employee’s performance, decision made to terminate employment. |

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next Level Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For HR Use Only**

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| Banner Data Entry Specialist Notified |  | AFT Notified |  |