

Probationary Period Extension Form

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

***Please note that a probationary period can only be extended prior to the end of the original probationary period, in accordance with contractual notice requirements. If the original probationary period has ended, probation cannot be extended.***

I understand that my probationary period has been extended until \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My supervisor has discussed with me the reason(s) for this probationary period extension, which are included on the attached document.

I further understand that during this extended probationary period, my at-will employment status continues.

Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**For HR Use Only**

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| Banner Data Entry Specialist Notified | **[ ]**  | AFT Notified | **[ ]**  |