

EXTENSION OF STAFF PROBATIONARY PERIOD

TO: Human Resources (HR) /Employee Relations **FROM:** Name _____
 Tampa, SVC 2172 Title _____
 USF Health, MDC 28 College/Div. _____
 USF Lakeland USF Sarasota-Manatee USF St. Petersburg Dept. _____ Ext. _____

Employee's Name _____ ID # _____ Class Title _____

Note: For information on extending a probationary period, refer to HR's procedure regarding Staff Performance Management (<http://usfweb2.usf.edu/usfpers/emprrel.html>). If employee has permanent status in another Staff class, he/she cannot be terminated during the extended probationary period without approval from HR.

Number of calendar days or months for extension: _____ Days _____ Months

Reason for extension:

- Substandard performance evaluation* with less than overall Achieves rating (extension must be same number of calendar days or months as period covered by overall substandard rating)
- Additional time for training or on-the-job experience*
- Approved leave of absence* (with or without pay) for at least 30 consecutive or non-consecutive days
- Request by supervisor or employee due to change in assignment* to different position in same class (signature of employee required below)
- Mutual agreement between supervisor and employee* (signature of employee required below)
- Other* (in consultation with HR): _____

Justification for extension: _____

 Supervisor's/Rater's Signature Date Dean's/Director's/Designee's Signature Date

 Employee's Signature (if applicable) Date

Note: Notification must be received by employee prior to initial probationary end date.

Confirmation by HR of new probationary end date and evaluation period:

Previous end date _____ New end date _____ New evaluation period _____ to _____

Additional information _____

 HR Representative's Signature Date GEMS entry date _____ Initials _____

Original to: Personnel File Copy to: ___Supervisor/Rater ___Dean/Director/Designee ___Employee