North End Center, Suite 2300 300 Turner Street NW (0318) Blacksburg, Virginia 24061 P: 540-231-9331 | F: 540-231-3830 hrservicecenter@vt.edu | hr.vt.edu

REQUEST FOR EXTENSION OF PROBATIONARY PERIOD

This form is to be completed by the supervisor and HR representative at least 6 weeks prior to the end of the employee's first year based on Virginia Tech hire date. The form will not be processed if received after the employee's Virginia Tech hire date.

Per policy, extensions that are granted cannot be more than 18 months from the Virginia Tech hire date, typically an additional six months.

I am requesting this extension go until ________[Date].

Employee Name (Last, First, Middle Initial)

Employee ID Number

Role Title

Original Hire Date

Senior Management Area

Department

Reason for Extension:

Select the appropriate choice and explain as required. Options are on both pages.

Probationary periods may be extended for up to six (6) additional months for performance, training, organizational changes, leave, special term/academic year appointment reasons as specified below.

Performance -	Circumstances beyond the employee's control that materially affect job performance
Fully explain:	

Training - During the extension, the employee must receive essential training that was unavailable during the first 12 months. This training may include any significant systems or technology changes that affect core job responsibilities

Fully explain an explanation on why there was a delay in providing this training along with an outline of what will be offered.:



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	Organizational - Changes in supervision or primary duties, such as a departmental transfer or change in position, departmental reorganizations impacting reporting relationships or job responsibilities					
	Leave - The employee was on leave for 14+ consecutive days					
	Provide the amount of time in days the employee was absent:					
	Special Term/Academic Year Appointment					
	Provide the amount of time in days the employee was absent:					
Appr	oved by:					
Su	pervisor Name (Print)	Supervisor Signature	Date			
Re	eviewer's Name (Print)	Reviewer's Signature	Date			
Em	nployee's Name (Print)	Employee's Signature	Date			
	roved by Senior Managust be HR Division Director or HR Mar	ement Human Resources				
	Name (Print)	Signature	Date			

COMPLETED FORMS TO BE SUBMITTED THROUGH HR PERFORMANCE PARTNER VIA TICKET REQUEST.