



Request for Extension of Probationary Period

Employee Name: Last First Middle Initial			Employee ID Number:
Position Number:	Role Title:		Original Hire Date:
Department:	Mail Code:	Off-Campus Mailing Address:	
Reason for Request for Extension: <i>Please explain fully in comments section.</i>			
<input type="checkbox"/> Performance Reasons <input type="checkbox"/> Additional Training Needed <input type="checkbox"/> Transfer to Different Department <input type="checkbox"/> Other _____			
Comments:			

I am requesting that the probationary period be extended to _____ which does not exceed 18 months total allowed under policy. date

Supervisor's Name (Print)	Supervisor's Signature	Position Number	Date
Reviewer's Name (Print)	Reviewer's Signature	Position Number	Date
Employee's Name (Print)	Employee's Signature	Position Number	Date

Send completed form to Human Resources, 0318.

Approval:

Employee Relations Representative – Print Name	Signature	Date
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c: Employee