Mid-Valley Special Education Cooperative

NEW EMPLOYEE PROBATION SUMMARY

(To be completed at conclusion of 60-day probationary period for support personnel)

RECOMMENDATION TO CONTINUE EMPLOYMENT

_____ has successfully completed the 60-day
Name of Employee

mandatory probationary period and has shown satisfactory skills in her/his area. It is my recommendation to continue her/his employment.

_____ _____
Supervisor signature Date

RECOMMENDATION TO EXTEND PROBATION PERIOD

_____ has completed the 60-day mandatory
Name of Employee

probationary period and is found to be lacking skill in the following areas:

_____

_____

_____

Therefore, it is my recommendation to extend the probationary period for another 30 days to allow time for remediation.

_____ _____
Supervisor signature Date

RECOMMENDATION TO TERMINATE EMPLOYMENT

It is my recommendation to terminate the employment of _____
Name of Employee

at this time according to the guidelines set forth in the Professional Agreement between the SCESP and District #303.

_____ _____
Supervisor signature Date

Original to Human Resources Office/Personnel File
Copy to Employee
8-12