

**DATE:** January 3, 2014  
**TO:**  
**FROM:** Human Resources Department  
**SUBJECT:** Employment Recommendation/Completion of Trial Period (*Full-time Faculty*)

The employee listed below will complete their initial seven (7) terms of employment trial period on \_\_\_\_\_:

| <u>EMPLOYEE NAME &amp; ID NUMBER</u> | <u>JOB TITLE</u> | <u>SCHOOL/DEPT</u> | <u>HIRE DATE</u> |
|--------------------------------------|------------------|--------------------|------------------|
|--------------------------------------|------------------|--------------------|------------------|

Full-time instructors are considered trial employees during their initial seven (7) terms of employment. The employee's name is submitted to the Governing Board for approval at the Governing Board's next regularly scheduled meeting following the conclusion of the employee's trial period. During an employee's initial seven (7) terms of employment with the College as a full-time instructor, the employee may be terminated at the will of the College. The College's action shall be final and binding on all parties and shall not be subject to the grievance procedure.

**RECOMMENDATION FOR CONTINUED EMPLOYMENT**

**COMPLETION OF TRIAL PERIOD**  
 Having successfully completed the trial period, I am recommending employment approval of the individual listed above. **A current evaluation (within 12 months) is on file in the employee's official personnel file.**

|                  |       |                         |       |
|------------------|-------|-------------------------|-------|
| _____            | _____ | _____                   | _____ |
| Dean/ Supervisor | Date  | Division Vice President | Date  |

**RECOMMENDATION FOR TERMINATION**

**RECOMMENDATION FOR TERMINATION**  
 The above listed employee has received written notification of termination **PRIOR** to the conclusion of his/ her seven (7) terms of employment trial period. Supporting documentation for termination of this employee has been reviewed by Human Resources prior to submitting this recommendation for termination.

|                  |       |                         |       |
|------------------|-------|-------------------------|-------|
| _____            | _____ | _____                   | _____ |
| Dean/ Supervisor | Date  | Division Vice President | Date  |

