



DATE:

TO:

FROM: Human Resources Department

SUBJECT: Employment Recommendation/ Completion of Trial Period (Non-Exempt Employee)

The employee listed below will complete their six-month trial period on _____ :

<u>EMPLOYEE NAME & SSN</u>	<u>JOB TITLE</u>	<u>DEPT</u>	<u>HIRE DATE</u>
--------------------------------	------------------	-------------	------------------

All regular full- and part-time employees are considered trial employees for the first six months of their employment. The trial period may be extended for an additional period, not to exceed six months (or for the trial period specified in a union contract), at the discretion of the supervisor. During the employee's trial period, employment may be terminated without regard to grievance procedure. 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. Only upon successful completion of the six-month trial period and approval by the Governing Board is the employee covered by the College's grievance procedure.

Please complete and return to Human Resources. A six-month performance evaluation must be attached to this form if the employee is being recommended for employment approval or for extension of the trial period.

RECOMMENDATION FOR CONTINUED EMPLOYMENT			
<input type="checkbox"/> COMPLETION OF TRIAL PERIOD Having successfully completed the trial period, I am recommending employment approval of the individual listed above. Attached is the six-month performance evaluation.			
_____	_____	_____	_____
Dean/ Supervisor	Date	Division Vice President	Date

EXTENSION OF TRIAL PERIOD OR RECOMMENDATION FOR TERMINATION			
<input type="checkbox"/> EXTENSION OF TRIAL PERIOD The above listed employee has received written notification PRIOR to the conclusion of his/ her trial period that the employment trial period is being extended to _____. Attached is the extension of trial period correspondence and the six-month performance evaluation.			
<input type="checkbox"/> RECOMMENDATION FOR TERMINATION The above listed employee has received written notification of termination PRIOR to the conclusion of his/ her trial period. Attached is the termination correspondence.			
_____	_____	_____	_____
Dean/ Supervisor	Date	Division Vice President	Date