

PROBATIONARY PERIOD EXTENSION FORM

Date:

Employee:

Date of Hire:

Department:

Manager:

Job Classification:

Your probationary period as an employee of The University of Toledo has been extended from:

_____ to _____
(End of probation date) (Month – Day – Year)

Plan of Action/Future Expectations:

By signing this form, I am indicating my understanding that my employment may be disciplined or terminated at any time during my probationary period with or without notice, with or without cause, without resort to the grievance procedure.

Employee Signature

Date

Manager Signature

Date

AFSCME Representative (if applicable)

Date

C: Human Resources – Employee File
Employee
AFSCME Representative (if applicable)