



PROBATIONARY PERIOD EXTENSION FORM

Date: _____

Employee: _____ Date of Hire: _____

Department: _____ Manager: _____

Job Classification: _____

Your probationary period as an employee of Medical College of Ohio has been extended from:

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

Reason(s) for the extension is/are the following:

- Job Performance Issues
Code of Conduct / Behavioral Issues
Attendance and/or Punctuality Issues
Other:

Explanation/Supporting Documentation:

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)