



AFSCME Probationary Removal Documentation Sheet

Check One:

New Hire Promotion/Demotion Lateral Bump
 Displacement / Vacancy

Employee Name: _____

Title: _____ Department: _____

Length of Probation: _____

Dates of Mid – Probationary Review: _____ End-Probationary Review: _____

Manager/Director: _____

Orientation Provided (may attached additional documentation):

Discussions re: Unsatisfactory Performance:

 Date: Topic: Remedial Steps Taken:

1. _____

2. _____

3. _____

Final Comments: _____

Requested Action to be Taken: Removal Extended Probation

Signature: _____ Date: _____