**PROBATIONAL APPOINTMENT SAMPLE – 7TH CYCLE**

**SECTION 1: GENERAL INFORMATION**

**EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERSONNEL#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SALARY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEVEL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACTION REASON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAY REASON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTRACT TYPE: \_\_\_\_\_\_\_\_ EFFECTIVE DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIMELY LAGOV HCM ENTRY: YES / NO DATE:\_\_\_\_\_\_\_\_\_\_\_**

**(*Within 30 days of appointment?)***

**6.5 (G) VERIFICATION: YES / NO / N/A PAY POLICY: YES / NO / N/A POSTED: YES / NO / N/A**

**ACCURATE PAY CALCULATION: YES / NO APPT AUTH APPROVAL FOR ACTION: YES / NO**

**CERT FOR COMPLIANCE: YES / NO / N/A**

**DEPARTMENT PREFERRED LIST CHECK: YES / NO / N/A DPRL CHECK DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 2: POSITION DESCRIPTION**

**PD PROVIDED: YES / NO / N/A POSITION #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIMELY: YES / NO / N/A**

***(N/A only if non-supv. duplicate) (Updated every 5yrs/1yr for supv)***

**APPT AUTH SIGNATURES: YES / NO IF N/A, WHY?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 3: LA CAREERS**

**VACANCY POSTING/DATES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REQUISITION #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFER DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Use for continuous postings) (If hire date is outside 90 days)***

**APPLICATION: YES / NO DATE SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPOINTEE SCORE: \_\_\_\_\_\_\_\_\_**

**ELIGIBLE/REFERRAL LIST: YES / NO MIN QUALS MET: YES / NO / N/A MIN QUALS INITIALS : YES / NO / N/A**

**HIRE AUTHORIZATION TIMELY: YES / NO / N/A DATE: \_\_\_\_\_\_\_\_\_\_ TRANSCRIPT/DIPLOMA/GED/LICENSE:** **YES / NO / N/A**

***(N/A for paper agencies)* *(If used or needed for qualifying experience)***

**SECTION 4: PES**

**ACTION EFFECTIVE DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREVIOUS EVALUATION SUCCESSFUL OR ABOVE:**

**YES / NO / N/A**

**PLANNING SESSION:**

**PLANNING: YES / NO / N/A IF N/A, WHY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOC OF PLANNING TIMELY/EMPLOYEE SIGNATURE: YES / NO / N/A DATE:\_\_\_\_\_\_\_\_\_\_ TIMELY: YES / NO / N/A**

***(7/1-9/30)***

**(*first 3 calendar months following: new appointment, permanent movement of EE into diff. PO#, new evaluation year)***

**EVALUATING SUPERVISOR SIGNATURE: YES / NO / N/A DATE:\_\_\_\_\_\_\_\_\_\_ TIMELY: YES / NO / N/A**

**(7/1-9/30)**

**SECOND LEVEL EVALUATOR SIGNATURE: YES / NO / N/A DATE:\_\_\_\_\_\_\_\_\_\_ TIMELY: YES / NO / N/A**

**(7/1-9/30)**

**IF SECOND LEVEL EVALUATOR SIGNATURE N/A, WHY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ONE OR MORE WORKING TASK: YES / NO ONE OR MORE BEHAVIOR STANDARDS: YES / NO**

**EVALUATION SESSION:**

**EVALUATION: YES / NO / N/A IF N/A, WHY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOC OF EVALUATION TIMELY/EMPLOYEE SIGNATURE: YES / NO / N/A DATE:\_\_\_\_\_\_\_\_\_\_ TIMELY: YES / NO / N/A**

***(7/1-8/31)***

**OVERALL EVALUATION: EXCEPTIONAL SUCCESSFUL NEEDS IMPROVEMENT/UNSUCCESSFUL NOT EVALUATED**

**UNRATED: ( NEVER RENDERED UNTIMELY VIOLATION OF CHAPTER 10)**

**If “exceptional” was documentation provided on form? YES / NO**

**If “needs improvement/unsuccessful” was documentation provided on form? YES / NO**

**EVALUATING SUPERVISOR SIGNATURE: YES / NO / N/A DATE:\_\_\_\_\_\_\_\_\_\_ TIMELY: YES / NO / N/A**

**(7/1-8/31)**

**SECOND LEVEL EVALUATOR SIGNATURE: YES / NO / N/A DATE:\_\_\_\_\_\_\_\_\_\_ TIMELY: YES / NO / N/A**

**(7/1-8/31)**

**IF SECOND LEVEL EVALUATOR SIGNATURE N/A, WHY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMMENTS**