**University of Virginia Medical Center**

**Probationary Extension Form\***

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| --- | --- |
| Employee Name: | Employee ID#: |
| Job Title: | Department/Unit: |

Probationary period is extended to      . (provide additional information in boxes below)

(Date)

**Reason for Extension:**

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|  |

**Performance Expectations for Successful Completion of Probation:**

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|  |

**Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Your signature is intended only to acknowledge receipt of this notice. It does not imply agreement or disagreement with the notice itself. If you refuse to sign, your supervisor will initial the form indicating that you received a copy.)

# Supervisor’s Name/ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Original Document is placed in the employee’s departmental file. A copy is provided to the Human Resources Solution Center (mail to: Box 800411 and/or fax to (434) 243-2393); a copy is provided to the employee.

Rev. 5/14/19

\* *Employee Relations shall be consulted with prior to initiating any extension of probationary period or formalized action related to probationary periods. Approval from the Area Administrator is required and should via email to the ER Consultant prior to extending the team member’s probationary period.*