

PROBATIONAL APPOINTMENT SAMPLE

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/APPROVAL FORM: YES / NO / N/A

POSTED: YES / NO / N/A

ACCURATE PAY CALCULATION: YES / NO PAY OVER MIDPOINT: YES / NO / N/A

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 #: _____ SUPERVISORY: YES / NO

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 #: _____ DATE CREATED: _____ 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 / N/A 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: _____

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

