

Southern Illinois University Carbondale

Civil Service Employee Probationary Period End Date Extension/Adjustment Request

Section 250.90(b)(2) of the Illinois Administrative Code (80 Ill. Adm. Code §250.90(b)(2)) states the length of the probationary period of an employee who has accepted a status appointment and states that extension of the probationary period by a comparable amount of time for the following personnel actions may occur: a paid or unpaid leave of absence that exceeds more than five consecutive work days; a layoff of any duration; and/or a suspension of any duration.

Additionally, an adjustment to a probationary period end date may be implemented for a probationary period employee during the probationary period when there is a break in service in which the employee is not in pay status, such as a seasonal break in service.

The employing department completes and submits this form to Labor and Employee Relations to request extension or adjustment of the probationary period end date of an employee serving a probationary period in a status appointment.

Employee Name: \_\_\_\_\_ AIS #: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

Position Title: \_\_\_\_\_ Position #: \_\_\_\_\_

Unit: \_\_\_\_\_ Original Probationary Period End Date: \_\_\_\_\_

# of Days Extended/Adjusted: \_\_\_\_\_ Adjusted Probationary Period End Date: \_\_\_\_\_

\*(list specific dates below)

Reason for Probationary Period End Date Extension/Adjustment request (select the reason, list the corresponding dates, and provide brief explanation below):

Extension:

- Paid or unpaid leave exceeding more than five consecutive work days
 Layoff of any duration (other than seasonal)
 Suspension of any duration

Adjustment:

Other (including seasonal breaks in service not in pay status): \_\_\_\_\_ (list specific event)

\* Dates: \_\_\_\_\_ Explanation: \_\_\_\_\_

Our signatures certify that this employee and this supervisor discussed this probationary period end date extension/adjustment. The signature of the employee acknowledges review of this document; it does not mean agreement with its content.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Level Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Level Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Labor and Employee Relations Review:  Approved  Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition and Distribution of this form:

- (1) The request must be sent to Labor and Employee Relations early as possible during the employee's probationary period.
(2) A copy is to be retained by the employee's department and a copy is to be given to the employee at the time the form is completed.
(3) Once signed, a copy is issued by Labor and Employee Relations to the employing department, employee, and Human Resources.

## INSTRUCTIONS FOR COMPLETING

### “EMPLOYEE PROBATIONARY PERIOD END DATE EXTENSION/ADJUSTMENT” FORM

Section 250.90(b)(2) of the Illinois Administrative Code (80 Ill. Adm. Code §250.90(b)(2)) states the length of the probationary period. Section 250.90(b)(2) also states that extension of probationary period by a comparable amount of time may occur under specific conditions. *See Section 6.1 Probationary Period of the Employment and Separation Procedures Manual for the State Universities Civil Service System.*

---

Additionally, an adjustment to a probationary period end date may be implemented for a probationary period employee during the probationary period when there is a break in service in which the employee is not in pay status, such as a seasonal break in service.

---

- I. The Employee Probationary Period End Date Extension/Adjustment form is completed for a civil service probationary period employee by the employing department and submitted to Labor and Employee Relations for review and approval. Requesting an extension or adjustment of the employee’s probationary period by a comparable amount of time may be made for the following:
  - A. Paid or unpaid leave exceeding more than five consecutive work days
  - B. Layoff of any duration (other than seasonal breaks in service)
  - C. Suspension of any duration
  - D. Other (including seasonal break in service)
  
- II. The employing department completes the Employee Probationary Period End Date Extension/Adjustment form as follows, forwarding the completed form to the Labor and Employee Relations office as early as possible in the employee’s probationary period to allow timely review and action.
  - A. Employee Name: Type or print the employee’s full name as shown in AIS.
  - B. AIS #: Type or print the employee’s AIS number.
  - C. Employment Start Date: Type or print the month, day, and year the employee began employment in the classification as shown in AIS.
  - D. Position Title: Type or print the employee’s position title/classification as shown in AIS.
  - E. Position #: Type or print the employee’s position number as shown in AIS.
  - F. Unit: Type or print the employee’s unit/department as shown in AIS.
  - G. Original Probationary Period End Date: Type or print the month, day, and year of the last day of the employee’s probationary period based upon the employee’s start date in the classification.
  - H. # of Days Extended/Adjusted: Type or print the total number of days being requested to extend/adjust the original probationary period end date.
  - I. Adjusted Probationary Period End Date: Type or print the month, day, and year of the revised probationary period end date.
  - J. Justification for Probationary Period End Date Extension/Adjustment: Type or print an “X” or a checkmark (✓) in the box(es) to identify the reason(s) for the request to extend/adjust employee’s probationary period.
  - J. \*Dates: Type or print the specific date(s) (in month, day, and year format) which correspond to the reason(s) identified in the justification section.
  - K. Explanation: Type or print a brief explanation of the reason(s) identified in the justification section (such as: “Seasonal break in service”, “Medical leave”, “Disciplinary Suspension”, etc.), including information as needed to accurately explain the reason(s) and time frame(s).

- L. Employee Signature and Date: The employee signs and dates the form (handwritten or electronically) to acknowledge receipt of this form after the employee's supervisor reviews the form with the employee.
- M. First Level Supervisor Signature and Date: The employee's immediate supervisor signs and dates the form (handwritten or electronically) after reviewing the form with the employee.
- N. Second Level Supervisor Signature and Date: The employee's second level supervisor signs and dates the form (handwritten or electronically) after reviewing and discussing the form with the employee and/or employee's immediate supervisor.

III. Labor and Employee Relations staff:

- A. Reviews the request form as soon as possible once received for timely action to occur, completing the form as follows after reviewing and making a decision regarding the request:
  - 1. Approved / Not Approved: Places an "X" or checkmark (✓) in the box to identify the approval status decision.
  - 2. Signature and Date: Signs and dates the form (handwritten or electronically).
- B. Issues copy of signed request form via email or campus mail to:
  - 1. Employee
  - 2. Employing department
  - 3. Human Resources
- C. Files the original request form in Labor and Employee Relations office.