

Southern Illinois University Carbondale

Civil Service Employee Probationary Period End Date Extension Request

Section 250.90(b)(2) of the Illinois Administrative Code (80 Ill. Adm. Code §250.90(b)(2)) describes the length of the probationary period of an employee who has accepted a status appointment and describes extension of the probationary period by a comparable amount of time for the following personnel actions: 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.

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

Employee Name: \_\_\_\_\_ Start Date of Employment: \_\_\_\_\_

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

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

# of Days Extended: \_\_\_\_\_ Adjusted Probationary Period End Date: \_\_\_\_\_  
(list specific dates below)

Justification for Probationary Period End Date Extension (select the reason/s, list the date/s which correspond to the reason/s, and provide brief explanation below):

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

Dates: \_\_\_\_\_

Explanation: \_\_\_\_\_

*Our signatures certify that this employee and this supervisor met in person to discuss this probationary period end date extension. 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 original must be sent to Labor and Employee Relations as soon as possible so timely review and action can occur.
- (2) A copy is to be retained by the employee's department.
- (3) A copy is to be given to the employee at the time the form is completed.
- (4) A copy is issued by Labor and Employee Relations to the employing department and employee once signed.

## INSTRUCTIONS FOR COMPLETING

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

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

- I. The Employee Probationary Period End Date Extension 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. Per Section 250.90(b)(2) of the Illinois Administrative Code, requesting an extension 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
  - C. Suspension of any duration.
  
- II. The employing department completes the Employee Probationary Period End Date Extension form as follows, forwarding the completed form to the Labor and Employee Relations office as soon as possible so that timely review and action can occur.
  - A. Employee Name: Type or print the employee’s full name as shown in AIS.
  - B. Start Date of Employment: Type or print the month, day, and year the employee began employment in the classification as shown in AIS.
  - C. Position Title: Type or print the employee’s position title/classification as shown in AIS.
  - D. Position #: Type or print the employee’s position number as shown in AIS.
  - E. Department: Type or print the employee’s department as shown in AIS.
  - F. 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.
  - G. # of Days Extended: Type or print the total number of days being requested to extend the original probationary period end date.
  - H. Adjusted Probationary Period End Date: Type or print the month, day, and year of the revised probationary period end date.
  - I. Justification for Probationary Period End Date Extension: Type or print an “X” or a checkmark (✓) in the box(es) to identify the reason(s) for the request to extend 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 layoff”, “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 so timely action can occur, completing the form as follows after completing review and making a decision regarding the request:
  - 1. Approved / Not Approved (circle one): Places a 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.