



NIAGARA COUNTY CIVIL SERVICE
111 MAIN STREET – SUITE G2
LOCKPORT, NEW YORK 14094

PROBATIONARY REPORT

EMPLOYEE'S NAME _____	TITLE _____	DEPARTMENT _____
Probationary Period Begin Date: _____ End Date: _____	Length of Probationary Period Served: _____	Rating Period Dates From: _____ To: _____

In accordance with the Civil Service Law Section 97 and Local Rule XIII subdivision 5, the appointing authority is required to complete this form and return it to the Civil Service Office at the completion of the probationary period and prior to termination during the probationary period. You must provide an explanation for termination and any other supporting documentation you feel necessary.

I hereby certify that I have carefully observed the probationer during his/her probationary period and find his/her conduct, capacity, and fitness to be:

_____ Satisfactory _____ Unsatisfactory

On the basis of the above finding as to the conduct, capacity, and fitness of the probationer, I recommend that this employee be:

_____ Retained _____ Terminated Effective: _____

Explanation for Termination:

Signature of Appointing Authority

Title

Printed Name of Appointing Authority

Date

Civil Service Rules XIII subdivision 5 - Report on Probationer's Service

The probationer's supervisor shall carefully observe his/her conduct and performance and, at least two weeks prior to the end of the probationary term, shall report thereon in writing to the proper appointing authority. The supervisor shall also, from time to time during the probationary term, advise the probationer of his/her status and progress. A probationer whose services are to be terminated for unsatisfactory service shall, to the extent possible, receive written notice at least one (1) week prior to such termination and, upon request, shall be granted an interview with the appointing authority or his/her representatives.

Revised 01/30/2006