



**PROBATIONARY PERIOD EXTENSION FORM**

**Date:**

**Employee:**

**Date of Hire:**

**Department:**

**Manager:**

**Job Classification:**

**Your probationary period as an employee of The University of Toledo has been extended from:**

\_\_\_\_\_ to \_\_\_\_\_  
(End of probation date) (Month – Day – Year)

**Reason(s) for the extension is/are the following:**

Other (please explain):

**Explanation/Supporting Documentation:**

**Plan of Action/Future Expectations:**

**By signing this form, I am indicating my understanding that my employment may be disciplined or terminated at any time during my probationary period with or without notice, with or without cause, without resort to the grievance procedure.**

**Employee Signature**

**Date**

**Manager Signature**

**Date**

**AFSCME Representative (if applicable)**

**Date**

**C: Human Resources – Employee File  
Employee  
AFSCME Representative (if applicable)**