



# City of Gardena

## EMPLOYEE PROBATIONARY REVIEW AND EMPLOYMENT STATUS DETERMINATION

To Department:

Employee:

Probationary End Date:

Position Title:

Pursuant to City Personnel Rules and Procedures, the Human Resources (HR) Officer shall notify the appropriate appointing authority one (1) month prior to the end of an employee's probationary period. The appointing authority shall then file with the HR Officer a statement in writing recommending either the retention or rejection of the employee. If the appointing authority has reservations regarding the permanency of a probationary employee at the end of a probationary period, the appointing authority may recommend to the HR Officer that the probation period be extended up to an additional six (6) month period. If the extension is approved by the HR Officer, one (1) month prior to the termination of the extended probationary period, the HR Officer shall notify the appointing authority and request a final Probationary Review and Employment Status Determination. The appointing authority shall then file with the Personnel Officer a statement in writing recommending either the retention or rejection of the employee. The Probationary Statement must be completed and filed with the Personnel Officer **on or before** the end of the stated probationary date listed above.

<input type="checkbox"/> General Employee	<input type="checkbox"/> Six (6) Months from date of appointment
<input type="checkbox"/> Management Employee	<input type="checkbox"/> Twelve (12) Months from date of appointment
<input type="checkbox"/> Police Sworn Employee	<input type="checkbox"/> Twelve (12) Months from date of appointment to sworn position

Original Date of Hire (DOH):

Probationary Review Date:

Review Type: New Hire ☐ Promotion ☐ Reclassification ☐ Extended Probation ☐ Other ☐

<input type="checkbox"/> The service of this employee is satisfactory (Department to do PAF); <input type="checkbox"/> It is recommended that employee be retained as an employee effective
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<input type="checkbox"/> The service of this employee <b><u>IS NOT</u></b> satisfactory; it is recommended that said employee: <input type="checkbox"/> Be rejected from employment effective (Department to do PAF) <input type="checkbox"/> Be continued on probation status pending further review on or before (Department to do PAF)
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SUPERVISOR'S REMARKS:

STATEMENT OF APPOINTING AUTHORITY:

Supervisor: \_\_\_\_\_  
Name/Title: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Appointing Authority: \_\_\_\_\_  
Name/Title: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**NOTE: Employee may attach a written statement in response to the Probationary Review.**