NEW YORK STATE DIVISION OF MILITARY & NAVAL AFFAIRS

PROBATIONARY STATUS REPORT

(Prescribing directive is DMNA Reg. 690-1. Proponent is MNHS)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYEE | | | EMPLOYEE TITLE (SPECIFY EXACT TITLE) | | | | |
| DIRECTORATE/FACILITY | | OFFICE | | | LOCATION (City) | | |
| MANDATORY PROBATIONARY PERIOD | INTERIM REPORT PERIOD DATES | | | REPORT NO. | | NO. OF WEEKS | REPORT DUE DATE |

**PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

# SECTION I: Immediate Supervisor’s Evaluation of Employee’s Service. When evaluating service, please consider length of employment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERFORMANCE FACTORS** | **Satisfactory** | **Unsatisfactory \*** | **Needs Improvement \*** | **RATING NARRATIVES**  **Describe the employee’s performance for each category, giving specific**  examples of proficiencies or deficiencies. Attach additional sheet if  necessary.  **\* NARRATIVE REQUIRED** |
| 1. **Quality of Work**  Knowledge, skills, accuracy, neatness, thoroughness,  conformance to prescribed work methods |  |  |  |  |
| 2. **Quantity of Work**  Volume of output and ability to meet work schedule |  |  |  |  |
| 3. **Aptitude**  Response to training, learning progress, comprehension  of work routine |  |  |  |  |
| 4. **Work Habits**  Application of effort to assigned duties, appropriate use  of time |  |  |  |  |
| 5. **Relationships with Others**  Cooperates with fellow employees and supervisors |  |  |  |  |
| 6. **Attendance**  Maintains satisfactory record of attendance and  punctuality |  |  |  |  |
| 7. **Supervisory Skills (if applicable)**  Proper motivation and direction of subordinate staff |  |  |  |  |
| 8. **Other Job Related Factors (Specify)**  a. Knowledge of Rules and Regulations  b.  c. |  |  |  |  |
| 9. **Summary Evaluation for Report Period**  Must be satisfactory or unsatisfactory on a final report.  A narrative is required. |  |  |  |  |

**SECTION II: Recommended Action (Refer to instructions on reverse side and check appropriate box below)**

|  |  |
| --- | --- |
| INTERIM REPORT: Continue Probation | FINAL REPORT: Permanent Retention 2nd Probation Period Termination |

**SECTION III: Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| IMMEDIATE SUPERVISOR’S SIGNATURE | DATE | DIRECTORATE/FACILITY HEAD SIGNATURE | DATE |
| This report has been discussed with me and I have a copy of it. I am aware that  my signature on this report does not necessarily indicate my agreement with  the evaluation, but merely signifies that I have received a copy of this report. | | EMPLOYEE'S SIGNATURE | DATE |

**SECTION IV: Human Resources Action**

|  |  |  |
| --- | --- | --- |
| INTERIM REPORT: Continue Probation | FINAL REPORT: Permanent Retention 2nd Probation Period Termination | |
| DIRECTOR, HUMAN RESOURCES MANAGEMENT SIGNATURE | | DATE |

**DMNA FORM 1033 (Administrative, Armory, O&M)** 14 MAR 11 (Replaces undated version which will not be used)