NEW YORK STATE DIVISION OF MILITARY & NAVAL AFFAIRS

PROBATIONARY STATUS REPORT

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

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| 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.

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| --- | --- | --- | --- | --- |
|  **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)**

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

**SECTION III: Signatures**

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| --- | --- | --- | --- |
| 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**

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| 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)