**Deborah A. Minardi**

State Probation Administrator

**Corey R. Steel**

State Court Administrator



Our records indicate **Insert Name’s** 6-month performance report is due on **Insert Date 1**. If **Insert Name’s** provisional period has been successfully completed, they may be eligible for salary adjustment after **Insert Date 2** if their current salary is below minimum permanent rate for their job classification.

Indicate the appropriate action below and return **(a) this document** and **(b) the employee’s performance report** to the Administrative Office by the close of business on **Insert Date 2**.

\_\_\_\_\_\_ **OPTION 1:** Employee shall be removed from the original provisional period.

\_\_\_\_\_\_ **OPTION 2:** Employee shall not be removed from the original provisional period. (*Supervisor: Please attach the dated written notice of extension, with performance-related reason(s), delivered to the Employee prior to the end of the six-month period.)*

NOTE: Per Nebraska Supreme Court Personnel Policies and Procedures, an employee will be removed from original provisional status on the day following the end of the original provisional period, unless the employee is notified in writing of an extension (with specific performance improvement requirements) or separation (including performance-related reasons) prior to the end of the six-month period. A copy must be forwarded to Personnel for the employee’s file.

\_\_\_\_\_\_ **OPTION 3:** Employee was hired into a job classification requiring an extensive initial training period and has received notice of an original provisional period of \_\_\_\_\_\_\_ months (up to 12 months) from the date of hire to allow sufficient time for observation of job suitability (per Nebraska Supreme Court Personnel Policies and Procedures).

Please verify:

\_\_\_\_\_\_ Employee Performance Report (initial 6 mo.) completed and sent to the Administrator’s Office.

\_\_\_\_\_\_ Adjustment to be granted as scheduled.

\_\_\_\_\_\_ No adjustment to be granted at this time (notice sent to employee indicating extension of provisional period, i.e., number of months).

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DATE (Signature) Supervisor/Chief/Chief Deputy/Probation Administration