
PROBATION LETTERS

Probation is covered in DHR Rule 15.04.01.150

This section includes sample letters for both failing probation and extending probation.

Note: only Entrance Probation and Promotional Probation may be extended.

Extension of Entrance Probation

September 9, 2019

EMPLOYEE

Dear EMPLOYEE,

We have received a request from your supervisor to allow you additional time to complete your entrance probationary period, as provided under Section 67-5309(j), Idaho Code. This action will extend your probationary period for a period of three (3) months, through December 13, 2019.

This request has been approved because of the additional training needed which is noted by your supervisor in your probationary performance evaluation. Please take this as an opportunity to continue learning the functions of your job.

We wish you success in this position and at (Insert Division or business name)!

Sincerely

Director
Human Resource Services

cc: Supervisor
Personnel File

Failure to Complete Entrance Probation

October 15, 2019

EMPLOYEE
ADDRESS
ADDRESS

RE: Notice of Unsatisfactory Completion of Entrance Probation – POSITION

Dear EMPLOYEE:

I regret to inform you that, per IDAPA 15.04.01.152 “Separation During Probation”, your employment with the AGENCY will be terminated effective October 30, 2019 for unsatisfactory completion of the entrance probationary period. Effective immediately, you will be placed on administrative leave with pay until the effective date of your termination.

If you prefer, you may resign from your position without prejudice rather than accept this termination. If you choose to resign, you must notify SUPERVISOR in writing via email at XXX no later than 5:00 PM, DATE.

Payment of any remaining vacation balance will be made in your final paycheck. If you wish to continue your insurance benefits under COBRA for the time you are eligible, please contact the Office of Group Insurance at (208) 332-1860. Also, you may contact PERSI at (208) 334-3365 regarding your retirement contributions.

You will need to return any state property and/or equipment you have been assigned, including your ID badge to your supervisor today. We will finalize your timesheet.

Sincerely,

DIRECTOR
AGENCY

cc: Administrator, Idaho Division of Human Resources
SUPERVISOR
Personnel File

Voluntary Probation Agreement

VOLUNTARY PROBATION MEMORANDUM OF AGREEMENT

The State of Idaho, Division of Human Resources, desires to employ EMPLOYEE NAME as a POSITION, in pay grade XXX, under the terms and conditions set forth below.

EMPLOYEE NAME is currently a classified state employee employed as a POSITION at AGENCY and seeking reinstatement. This agreement was made prior to the employee's resignation from their current job. The approximate start date of employment is DATE.

Pursuant to Division of Human Resources rules, the employee voluntarily agrees to submit to a probationary period of 1040 hours of credited state service (not to exceed 1040 hours except peace officer classifications that are not to exceed 2080 hours.). Such agreement to a voluntary probation period is made in exchange for transfer or reinstatement. See IDAPA 15.0401.0001.124.04, 15.0401.0001.125.03, 15.0401.0001.150.02.c, and 15.0401.0001.152.

During the voluntary probation period, the employee will be treated as an entrance probationary employee and can be terminated from state employment pursuant to IDAPA 15.0401.0001.152. However, in the case of a reduction in force, this employee shall be treated like a permanent appointee and subject to the reduction in force rules as set out in IDAPA 15.0401.0001.140.

Upon satisfactory completion of the probationary period and pursuant to IDAPA 15.0401.0001.151, the Appointing Authority shall provide a performance evaluation indicating satisfactory completion of probation and shall re-certify the employee to permanent status. If notice of final status is not provided within thirty days of the passage of the voluntary probation period, the employee shall be re-certified to permanent status.

The Rules of the Division of Human Resources and the Appointing Authority regarding personnel matters shall remain in full force and effect as to any and all terms and conditions not set forth herein.

The department and employee agree this memorandum constitutes the full and complete terms and conditions of employment and this memorandum is entered into voluntarily and with full understanding the employee's permanent status is waived.

DATED this _____ day of _____, _____.

Employee's Signature

Appointing Authority's Signature

Approved by: _____
Administrator, Idaho Division of Human Resources

Date

Failure to Complete Inter-Agency Promotional Probation

Date _____

Dear _____:

This letter is to inform you that based upon your most recent performance evaluation you have failed to complete your promotional probationary period and you will not be granted permanent status as a _____(position).

Prior to your promotion as a _____, you held permanent status as a _____. Unfortunately there are no vacant _____ positions to which you may voluntarily demote into with _____. (Agency)

Therefore, in accordance with DHR Rule 140.01.d and DHR Rule 153.03.b., you are being laid off effective _____. Your last day of work will be _____. You will be placed on administrative leave with pay from _____ (date) through _____ (date). Your health insurance premium will be paid through _____ (month/year).

Your name will be placed on a reemployment register for the _____ (classification) position from which you are being laid off. Your name will remain on that register for one (1) year following the effective date of the layoff, or until you decline a total of three separate offers of reemployment without good cause, whichever comes first. You may also request to have your name removed from the register at any time.

When a vacant position in your _____ classification is to be filled or when a new position is established in your _____ classification in our agency, you shall be offered reemployment. In addition, you are eligible to apply for departmental and statewide promotional opportunities.

If any other agency intends to fill a vacancy in the same classification from which you were laid off, you will be invited to interview for their opening; however, they are not required to offer you employment.

Please be sure to update your online application profile (through the Division of Human Resources website – www.dhr.idaho.gov) with your current contact information. Also consider adjusting the parameters of your job search (cities, agencies, and conditions of employment) to maximize your opportunities for reemployment. Please contact the Division of Human Resources at (208) 334-2263 or 1-800-554-5627 if you have questions.

We have included basic information from several resources which may help with any immediate concerns. Additional information can be found from the sources listed below:

Payroll

Please contact [Agency HR contact] _____ at [phone number] _____ for information about your last paycheck, leave balances, etc.

Medical, Dental, and Vision Insurance Coverage

Health insurance coverage is a complex issue. Your coverage and protections will depend on your specific situation. You and/or your eligible family members may be eligible to continue coverage under COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985). If you have questions about this information, contact the Office of Group Insurance, Department of Administration at 208-332-1860 or toll free at 1-800-531-0597 to discuss important decisions now which may affect future benefits eligibility.

Retirement

For information about retirement plans, contact PERSI (Public Employees Retirement System of Idaho) directly at 208-334-3365 or toll free at 1-800-451-8228.

Unemployment Benefits

For information about unemployment benefits, call your nearest Department of Labor local office.

Additional Information

Enclosed are the Division of Human Resources and Idaho Personnel Commission layoff rules 140-147 and unsatisfactory performance during a promotion probation period rule 153. If you have any questions about these rules, please do not hesitate to contact [Agency HR Contact] or the Division of Human Resources at (208) 334-2263 or toll free at 1-800-554-5627.

Please give your identification badge, keys, and all state property or equipment you have been assigned to _____.

Attachments

cc: Personnel File

Failure to Complete Intra-Agency Promotional Probation

[Date]

[Employee name]

[Address]

Subject: Failure to Complete Intra-agency Promotional Probation

Dear [Employee]:

On [date], the Department of [agency] promoted to you [job class]. This appointment was a promotion from your previous appointment as [job class]. As with any promotion and required by Idaho Division of Human Resource Rule 15.04.01.150, the appointment included a probationary period of 1,040 hours.

During the past several months, your supervisor has identified and discussed with you concerns regarding your work performance. Ultimately, it has been determined that you have not met expectations and therefore are not successfully completing your period of promotional probation.

DHR Rule 15.04.01.153.02 states, "If an employee, on promotional probation, does not meet performance expectations, he or she shall be returned to a position in the classification which he or she holds permanent status or to another classification in the same pay grade for which the employee meets minimum qualifications. If the employee refuses to accept the position, it shall be considered a voluntary resignation."

You are being given the opportunity to return to your prior position of [job class]. Please notify my office of your decision in writing by 5:00 p.m. on [date]. Should you accept this offer, there would be no probationary period and your rate of pay would return to your pre-promotion rate of \$[]/hour. We will coordinate with you regarding the transfer and start date.

If you have any questions, please contact [name and number].

Sincerely,

[name and title]

Cc: HR
Administrator, Idaho Division of Human Resources
Personnel file