



# CITY OF CORAL GABLES

TO: Karla Green  
Interim Human Resources Director

DATE:

FROM:

SUBJECT: **PROBATIONARY PERIOD**

EMPLOYEE'S NAME & ID:

DEPARTMENT:

DIVISION NUMBER:

POSITION TITLE:

PROBATIONARY PERIOD BEGINS:

PROBATIONARY PERIOD ENDS:

The above-named employee will be completing the required probationary period in accordance with the City of Coral Gables Personnel Rules and Regulations, Rule 6.5.1<sup>1</sup> and any other applicable collective bargaining agreement.

Below I have indicated the approval or disapproval for this employee in order for them to receive regular employment status in this classification as of the probationary period end date. The Employee Performance Evaluation form has been attached to this memo.

<sup>1</sup>Personnel rules and Regulations Rule 6.5.1 - "The Department Head shall provide an evaluation for a probationary employee whose performance is deemed unsatisfactory, prior to the end of the probationary period. Failure to do so will result in the employee being automatically granted regular status"

**APPROVED** for Permanent Status

**DISAPPROVED** for Permanent Status

\_\_\_\_\_  
Department Head's Signature

\_\_\_\_\_  
Department Head's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**FOR HR USE:**

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed