

## Probationary Form

I hereby acknowledge and understand that as a newly hired employee of Bulloch County I will serve an initial probationary period of \_\_\_\_\_ days from my date of hire, said initial probationary period to begin on \_\_\_\_\_ and to end at close of business on \_\_\_\_\_. I further acknowledge and understand that my probationary period may be extended up to an additional 90 days beyond the initial term at the discretion of my Department Head. I further acknowledge and understand that during my initial probationary period or any extension thereof, my employment status will be in accordance with the section entitled "Probationary Period" in the Bulloch County Personnel Policy Handbook.

\_\_\_\_\_  
*Employee Printed Name*

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

\_\_\_\_\_  
*Witness Signature*

I hereby acknowledge and understand that my probationary period has been extended for a period of \_\_\_\_\_ days, said extended probationary period to end at close of business on \_\_\_\_\_.

\_\_\_\_\_  
*Employee Printed Name*

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

\_\_\_\_\_  
*Witness Signature*