NEW YORK STATE DIVISION OF MILITARY & NAVAL AFFAIRS

PROBATIONARY STATUS REPORT

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYEE NAME | | |  | EMPLOYEE TITLE :    Air Base Security Guard \_\_\_\_\_\_  Senior Air Base Security Guard \_\_\_\_\_\_ | | | |
| 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERFORMANCE FACTORS** | S**atisfactory** | **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 & Regulations  b.  c. |  |  |  |  |
| 9. **Summary Evaluation for Report Period**  Must be satisfactory or unsatisfactory on a final report.  A narrative is required. |  |  |  |  |

**SECTION V: Recommended Action (Refer to instructions and check appropriate box below)**

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

**SECTION VI: Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 VII: Human Resources Action**

|  |  |  |
| --- | --- | --- |
| INTERIM REPORT: Continue Probation | FINAL REPORT: Permanent Retention 2nd Probation Period Termination | |
| DIRECTOR, HUMAN RESOURCES MANAGEMENT’S SIGNATURE | | DATE |

**DMNA FORM 1035 (Security),** 14 MAR 11 (Replaces undated version which will not be used)  **(OVER)**

PROBATIONARY STATUS REPORT

**FOR SECURITY CAREER FIELD**

|  |  |  |
| --- | --- | --- |
| EMPLOYEE NAME: | EMPLOYMENT LOCATION: | **POSITION TITLE:**  Air Base Security Guard \_\_\_\_\_\_  Senior Air Base Security Guard \_\_\_\_\_\_ |

**PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

**SECTION II: To Be Completed by Immediate Supervisor for All Positions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PERFORMANCE FACTORS | **Satisfactory** | **Unsatisfactory \*** | **Needs Improvement \*** | RATING NARRATIVESDescribe the employee’s performance for each category, giving specific examples of **proficiencies or deficiencies. Attach additional sheets if necessary.**  **\* NARRATIVE REQUIRED** |
| 1. Employee is progressing at a satisfactory pace with his/her required training. |  |  |  |  |
| b. Employee is familiar with the required rules and regulations governing his/her position and responsibilities of a peace officer. |  |  |  |  |
| c. Employee demonstrates the mental and emotional stability required to deal with emergency situations. |  |  |  |  |
| d. Employee is able to climb stairs, ladders, etc.,  and is able to exert himself/herself while  pushing, pulling, lifting, etc., without any  physical effect or loss of job performance. |  |  |  |  |
| e. Employee possesses the required  characteristics (sight, hearing and smell) plus  the ability to properly converse in order to  perform required security duties. |  |  |  |  |
| f. Employee's physical abilities are such that  he/she is able to perform those tasks required  in the position description and any activities  unique to the facility. |  |  |  |  |

**SECTION III: For Air Base Security Guard Only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Certificate/ Order No.** | Issuing Organization | Date |
| Employee is qualified for or has been awarded a Secret Security Clearance. |  |  |  |  |  |
| Employee has qualified with individual weapons as required by the position assigned. |  |  |  |  |  |
|  |  |  |  |  |  |

**SECTION IV: For Senior Air Base Security Guard Only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Certificate/**  **Order No.** | Issuing Organization | Date |
| Employee is qualified for or has been awarded a Secret Security Clearance. |  |  |  |  |  |
| Employee has qualified with individual weapons as required by the position assigned. |  |  |  |  |  |

**DMNA FORM 1035 (Security),** 14 MAR 11 (Replaces undated version which will not be used)