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  Training/Safety Officer 2 \_\_\_  Airport Firefighter Apprentice \_\_\_  Airport Firefighter (1 \_\_\_ 2 \_\_\_ 3 \_\_) | | | |
| 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** | **Satisfactory** | **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. Meets current certification requirements,  If NO please specify  b. Knowledge of Rules & Regulations |  |  |  |  |
| 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 SIGNATURE | | DATE |

**DMNA FORM 1034 (Firefighter),** 14 MAR 11 (Replaces undated version which will not be used) **(OVER)**

PROBATIONARY STATUS REPORT

**FOR FIREMATIC CAREER FIELD**

|  |  |  |
| --- | --- | --- |
| EMPLOYEE NAME: | EMPLOYMENT LOCATION: | **POSITION TITLE:**  Training/Safety Officer I \_\_\_  Airport Firefighter Apprentice \_\_\_  Airport Firefighter (1 \_\_\_ 2 \_\_\_ 3 \_\_\_) |

**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 demonstrates the mental and emotional stability required to deal with emergency situations. |  |  |  |  |
| 1. 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. |  |  |  |  |
| 1. Employee possesses the required characteristics (sight, hearing and smell) plus the ability to properly converse in order to perform fire protection duties. |  |  |  |  |
| e. Employee is confident in enclosed spaces and/or while wearing Self-Contained Breathing Apparatus. |  |  |  |  |
| 1. 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: To Be Completed by Immediate Supervisor for All Positions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Certifications | **Yes** | **No** | **Certificate No.** | Issuing Organization | Date |
| CPR Instructor |  |  |  |  |  |
| First Aid Instructor |  |  |  |  |  |
| NFPA 1041 |  |  |  |  |  |
| NFPA 1500 (Provide List of Individual Certifications) |  |  |  |  |  |
| NFPA 1521 |  |  |  |  |  |

**SECTION IV: For Firefighter Apprentice Only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Order No.** | Issuing Organization | Date |
| Employee has been awarded an USAF AFSC 3E751. (Submit AF form 2096) |  |  |  |  |  |

Advance this individual to Airport Firefighter I, (SG-12) \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DMNA FORM 1034 (Firefighter),** 14 MAR 11 (Replaces undated version which will not be used)