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)