

Eastern NC School for the Deaf

PERMANENT STATUS RECOMMENDATION

Employee Name: _____ Org Unit: _____

Employee Start Date: _____ Supervisor: _____

Note: Required probationary period is 12 months. The performance cycle is July 1 through June 30 each year.

The performance of this employee has been evaluated in accordance with state policy and DPI practice including the following (all must be checked to recommend permanent placement):

- Performance plan was created within the first 60 calendar days of employment
_____ date completed (signed by employee in NCVIP)
- Quarterly documented performance feedback discussions were conducted during the first 12 months of employment:
_____ date completed and documented in NCVIP
_____ date completed and documented in NCVIP
_____ date completed and documented in NCVIP
- Interim review was conducted at the mid-point if the performance cycle _____ date completed
- Final performance evaluation completed within 60 calendar days of the end of the **current** performance cycle.
_____ date completed

Supervisor Comments:

Recommendation (check one):

- Place on permanent status effective _____
- Separate from employment effective _____ (HR will contact you to discuss)

AUTHORIZATION FOR CHANGE TO PERMANENT STATUS:

Supervisor Signature

Date

School Director Signature

Date