



## Rockland County Department of Personnel Probation Waiver Request Form

### IV. EMPLOYEE ATTESTATION

Per my signature below, I understand that a probation waiver is being requested. Therefore, I concur with this request so that I may attain permanent status in the position. Furthermore, I acknowledge that by accepting permanent status, I am relinquishing my rights to any position/title I currently encumber as indicated in Section II above.

<b>Employee Name</b>	
<b>Employee Signature</b>	
<b>Attestation Date</b>	

### V. JURISDICTION/DEPARTMENT ATTESTATION

Per my signature below, I attest on behalf of the jurisdiction/department that the employee listed in Section II meets the requirements for a probation waiver and has demonstrated adequate knowledge, skills, and abilities to fulfill their role permanently at this time.

<b>Name of Appointing Authority or Approved Designee**</b>	
<b>Title of Appointing Authority or Approved Designee**</b>	
<b>Signature of Appointing Authority or Approved Designee**</b>	
<b>Attestation Date</b>	

**\*\*Note:** The name of the Approved Designee **MUST** appear on the current Rockland County Delegation of Authority form for your jurisdiction/department under Section II: "Authorized to sign and/or submit Personnel Documents."

**VI. DETERMINATION \*\*(TO BE COMPLETED BY THE ROCKLAND COUNTY DEPARTMENT OF PERSONNEL ONLY)\*\***

SUMMARY OF PROBATION WAIVER REQUEST:

**Requesting Jurisdiction/Department:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

<b>Position Information for which the Probation Waiver is Being Requested:</b>	<b>Position #</b>	<b>Position Title</b>
_____	_____	_____

**Requested Effective Date for Permanent Status:** \_\_\_\_\_

FINAL DETERMINATION:

In accordance with Civil Service Law and Rockland County Rules, our office determines that this request is:

- APPROVED in Accordance with:**
- Rockland County Rule XVI.1.d  
Completion of the minimum required probationary term.

Our office verified the minimum probationary term for this employee was served from:

\_\_\_\_\_ to \_\_\_\_\_

- Shortening or full waiver of the probationary term for an employee who was promoted or transferred.

**DISAPPROVED:**

<b>Reviewed and Processed By:</b>	_____
<b>Date of Approval/Disapproval:</b>	_____