

Notice of Probationary Period Required For Reinstatement to the Classified Service

Date: _____

To: _____
Employee

From: _____
Appointing Authority

Facility/District/Unit

RE: REQUIREMENT FOR A PROBATIONARY PERIOD

Your reinstatement to a position in the classified service is effective _____.
In accordance with applicable Merit Rule and OP-110235, you will be required to
serve a probationary period of _____.
(length of probationary period up to one year)

Signature of Appointing Authority

Date

Signature of Employee

Date

Distribution: Employee
Personnel File
Forward to the central Human Resources Unit with HCM-14