

VOLUNTARY PROBATION MEMORANDUM OF AGREEMENT

The State of Idaho, Department/Division of _____, desires to employ _____ as a _____, in pay grade _____, under the terms and conditions set forth below.

_____ (employee) is currently a classified state employee employed as a _____ at _____ and is seeking a transfer or is a former classified state employee seeking reinstatement. If a transfer, this agreement was made prior to the employee's resignation from their current job. The approximate start date of employment is _____.

Pursuant to Division of Human Resources (DHR) rules, the employee voluntarily agrees to submit to a probationary period of _____ hours of credited state service (not to exceed 1040 hours, except for peace officers who may serve up to 2080 hours). Such agreement to a voluntary probation period is made in exchange for transfer or reinstatement. See DHR Rules 125.04, 126.03, 150.02(c), and 152.

During the voluntary probation period, the employee will be treated as an entrance probationary employee and can be terminated from state employment pursuant to DHR Rule 152. However, in the case of a reduction in force, this employee shall be treated like a permanent appointee and subject to the reduction in force rules as set out in DHR Rule 140.

Upon satisfactory completion of the probationary period and pursuant to DHR Rule 151, the Appointing Authority shall provide a performance evaluation indicating satisfactory completion of probation and shall re-certify the employee to permanent status. If notice of final status is not provided within thirty days of the passage of the voluntary probation period, the employee shall be re-certified to permanent status.

The Rules of the Division of Human Resources and the Appointing Authority regarding personnel matters shall remain in full force and effect as to any and all terms and conditions not set forth herein.

The department and employee agree this memorandum constitutes the full and complete terms and conditions of employment and this memorandum is entered into voluntarily and with full understanding the employee's permanent status is waived.

DATED this _____ day of _____, _____.

Employee's Signature

Appointing Authority's Signature

Approved by: _____
Administrator, Idaho Division of Human Resources

Date