

# REQUEST FOR EXTENSION OF WORKING TEST PERIOD

New Jersey Civil Service Commission/Office of Classification & Compensation

## APPOINTING AUTHORITY

**INSTRUCTIONS:**

1. The procedures described herein are in accordance with and subject to the provisions of N.J.A.C. 4A:4-5.1 et seq.
2. The working test period shall commence with the date of beginning work after regular appointment and extend over a period of four months which may be extended an additional two months at the request of the Appointing Authority upon approval of the Civil Service Commission.
3. A request for extension of the working test period must be submitted promptly to the Civil Service Commission. It should be received within **five working days before** the expiration date of the four month working test period. Untimely requests will be disapproved and the employee shall be considered to have achieved permanent status. The Appointing Authority shall provide copies of this request to the probationer as indicated below.

**DISTRIBUTION:** One copy to probationer. One copy retained by Appointing Authority. One copy to Civil Service Commission. After action has been taken, a signed copy will be returned to Agency for its records. Appointing Authority then sends a signed copy to employee.




**CHECK HERE  
If This is Corrected Copy**

**Preparation  
Date:** \_\_\_\_\_

**Payroll  
Number:** \_\_\_\_\_

To: \_\_\_\_\_  
*(Name of Probationer)*
*(Social Security Number or Employee ID Number)*

Your working test period beginning with your appointment as a probationer on \_\_\_\_\_  
 and ending on \_\_\_\_\_ in the title of \_\_\_\_\_  
 \_\_\_\_\_ has been extended through \_\_\_\_\_  
*(Date)*

**Explanation of extension request:**

**RECOMMENDED BY:**

\_\_\_\_\_  
*(Supervisor's Signature)*

\_\_\_\_\_  
*(Appointing Authority Signature)*

**DO NOT WRITE BELOW / FOR CIVIL SERVICE COMMISSION USE ONLY**

**ACTION BY  
CIVIL SERVICE  
COMMISSION**




**Recorded  
As Requested**

**Recorded  
As Corrected**

**Disapproved**

*(Time and Date Received)*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Chair/Chief Executive Officer, Civil Service Commission*