



Stetson University

EMPLOYEE ACKNOWLEDGMENT OF PROBATION

I understand that I am on **probation** as an employee for the **first ninety (90) days** of my employment at Stetson University which started on _____ for the purposes of the Florida "Unemployment Compensation Law." I understand that if my employer discharges me for unsatisfactory work performance under the Florida "Unemployment Compensation Law" he will not have his account charged for any unemployment benefits I might be determined eligible for in the future. I also understand that my probationary period may be extended an additional ninety (90) days.

I acknowledge that I signed this form within seven (7) days of my employment.

Signature

Social Security Number

Date Signed