## **EMPLOYEE PROBATION REVIEW FORM**

## **PLEASE NOTE:**

At least two weeks before the conclusion of the probation or trial period, the supervisor should complete this form and meet with the employee to review the employee's performance. The supervisor should provide the employee with a copy of the form, if the employee requests one. The completed form, including Recommendations and Signatures, should then be sent to the Human Resources (HR) Department. If the recommendation is for other than successful completion of the probation or trial period, the supervisor should contact the HR Consultant well in advance of the end of the review period.

## **Probation Record**

Employee name:	Khurram Shaleed	
Job Title:	Project HR Officer	
Grade:	04	
Department/Project:	CBV	
Position Start Date:	1-4.24	
Line Manager:	Salman Khan.	
	Date Due	Please tick when completed
Initial Meeting	1	
3-month review:		
6-month review:		
PART 1: Initial meeting  This section should be completed by the line manager within a month of the employee commencing their employment.		
SECTION A: Objectives  The line manager should identify specific objectives for the employee (for 3 months, as appropriate) These will be statements of what should be achieved during the probationary period, including indicators of success and timescales for achievement.  - Conflete the assigned lasks - followup and verification of Attendance - Efficient and update the short team paperts on daily basis		
SECTION B: Development Plan  To support the employee in achieving these objectives, the line manager should identify employee needs related to his/her daily tasks and specify how and when these needs will be addressed during the probationary period.  - Production in Salaty Adjustment of these Team meetings.  - Foci that term and prostriptation in team meetings.		
Employee's Signature: Manager's Signature: Date:	1-4.	24

## PART 2 – Probation period Review (3 months) – This part of this form may also be used to conduct 3-months review with an employee whose probationary period is 3 months)

To be completed by the Line Manager in discussion with the employee (please tick) Improvement Satisfactory Good Excellent required Quality and accuracy of work Efficiency **Attendance** Time Keeping Work relationships (team work and interpersonal communication skills) Competency in the role YES / NO Have the objectives identified for the If NO, please provide details probationary period been met? Have the training / Orientation needs YES / NO identified for the probationary period been addressed? I recommend this probationary employee become permanent and continuous. YES / NO The employee may provide any comments about their experience of the probationary process here. If NO, please provide reasons below and summarise what action has been taken to address any difficulties, which have arisen during the probationary period I recommend this probationary employee be dismissed before the end of the probationary YES / NO period and will submit the appropriate forms. If YES, please provide reasons and, where appropriate, specify any areas of improvement required and how these will be monitored. Length of the extension (max 2 to 3 3 Months months): New Probation Period completion date: Employee's signature: Manager's signature: Date: 202