

ICTC-HR&OPS-Recruitment-F-7.2--041_IF/SF/SK/ [=Inpluyee Protation Review-Nay_2024]

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:	Haris Najeem				
Job Title:	Field Facilitator				
Grade:	3				
Department/Project:	HR Matters				
Position Start Date:	20-5-24				
Line Manager:	The second secon				
	Date Due	Please tick when completed			
Initial Meeting					
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.

Maintaining 100% weekly attendance. Filling of staff documents. Distribution of cards & Contracts Locality Verification. Respond to staff queries. Communication. Any other task assigned.

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.

Provided him with a thorough orientation regarding the project's requirements & nature, keeping him informed about task deadlines and activities with clear description.

Employee's Signature:	Pride-1000
Manager's Signature:	
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[CTC-HR&OPS-Recruitment-F-7.2-c-041-1F/SF/SK] [Employee Probation Review= July_2024]

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)

10 be completed by the Line Manager in d	iscussion with the er	mplovee			
(please tick)	Improvement required	Satisfactory	Good	Excellent	
Quality and accuracy of work					
Efficiency			 / / 		
Attendance		* J'			
Time Keeping					
Work relationships (team work and			 	-	
interpersonal communication skills)					
Competency in the role	20				
Have the objectives identified for the	YES / NO	If NO planes provi	[a] = a] = t = !] =		
probationary period been met?	1201110	If NO, please provide details			
Have the training / Orientation needs identified for the probationary period been addressed?	YES / NO	Driente	d time	to time	
I recommend this probationary employe	e become permane	ent and continuous.		YES / NO	
The employee may provide any commen	ts about their expe	erience of the probati	onary process her	re.	
If NO, please provide reasons below and have arisen during the probationary peri	summarise what a od	ection has been taker	n to address any d	ifficulties, which	
I recommend this probationary employee period and will submit the appropriate fo	e be dismissed bef rms.	ore the end of the pr	obationary	YES / NO	
If YES, please provide reasons and, when be monitored.	re appropriate, spe	cify any areas of imp	provement require	d and how these will	
Length of the extension (max 2 to 3 months):		3 months	enclinsin (Regular)	
New Probation Period completion da	_	0.			
Employee's signature:	(H)	ind eyen	17.		
Manager's signature:					
Date:	2_	20-7-50			