CHiP TRAINING & CONSULTING

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:	Zan ul Abideen.	
Job Title:	field facilitator.	
Grade:	3	
Department/Project:	H-R - Depart.	
Position Start Date:	18 - Jul - 2024	
Line Manager:		
	Date Due	Please tick when completed
Initial Meeting	18 - Jul - 2024	✓
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.

Successful coordination with DDPO & TO's
Complete attendance on time
Any task Assign by Supervisor.

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.

Training for Improvement of Daily task.
Supervision with support & Provide timely feedback.

Employee's Signature:	[signature]
Manager's Signature:	[signature]
Date:	27-7-2024

[signature]
18-10-24

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 required	Satisfactory	Good	Excellent
Quality and accuracy of work			✓	
Efficiency			✓	
Attendance			✓	
Time Keeping				
Work relationships (team work and interpersonal communication skills)			✓	
Competency in the role			✓	

Have the objectives identified for the probationary period been met?	YES / NO Yes	If NO, please provide details
Have the training / Orientation needs identified for the probationary period been addressed?	YES / NO Yes	

I recommend this probationary employee become permanent and continuous.	YES / NO yes.

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 period and will submit the appropriate forms.	YES / NO

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 months):	3 months.
New Probation Period completion date:	—
Employee's signature:	
Manager's signature:	
Date:	17 - Oct - 24.