

**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:	MUHAMMAD DANNAL	
Job Title:	OFFICE BOY	
Grade:		
Department/Project:	CBV PROJECT KARACHI	
Position Start Date:	KARACHI 01-JUNE, 2023	
Line Manager:		
	Date Due	Please tick when completed
Initial Meeting	01-06-2023	✓
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.

*During his Probation Period, he perform his duties very efficiently*

**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.

*As per his duties, he always point out and addressed any need for betterment and smooth running of office which were related to him*

Employee's Signature:	<i>[Signature]</i>	paniya
Manager's Signature:	<i>[Signature]</i>	
Date:	01-06-2023	

**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			<input checked="" type="checkbox"/>	
Efficiency				<input checked="" type="checkbox"/>
Attendance			<input checked="" type="checkbox"/>	
Time Keeping				<input checked="" type="checkbox"/>
Work relationships (team work and interpersonal communication skills)			<input checked="" type="checkbox"/>	
Competency in the role				<input checked="" type="checkbox"/>
Have the objectives identified for the probationary period been met?	YES / NO  <input checked="" type="checkbox"/> Yes	If NO, please provide details		
Have the training / Orientation needs identified for the probationary period been addressed?	YES / NO  <input checked="" type="checkbox"/> No			
I recommend this probationary employee become permanent and continuous.			YES / NO  <input checked="" type="checkbox"/> 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>He hasn't addressed difficulties during this period</i>				
I recommend this probationary employee be dismissed before the end of the probationary period and will submit the appropriate forms.			YES / NO  <input checked="" type="checkbox"/> 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):				
New Probation Period completion date:				
Employee's signature:				
Manager's signature:		<i>[Signature]</i>		
Date:		28/8/2023		