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# Mid/Final Probation Review Form

## Employee Information

| Name |  | Start Date |  |
| --- | --- | --- | --- |
| Job Title |  | Date of Review |  |
| Institute/Division |  | Line Manager |  |
| Review Period | 6 months / one year (please delete) |  |  |

## Ratings

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | 1 = Poor | 2 = Fair | | 3 = Good | 4 = Excellent |
| Skills & Knowledge for the post | |  |  | |  |  |
| Comments |
| Satisfactory Work Quality/Quantity | |  |  | |  |  |
| Comments |
| Satisfactory Attendance/Punctuality | |  |  | |  |  |
| Comments |
| Uses own initiative | |  |  | |  |  |
| Comments |
| Communication/Listening Skills | |  |  | |  |  |
| Comments |
| Overall Rating (average the rating numbers above) | | | |

## Overall Review

|  |  |
| --- | --- |
| ***This section should be used to comment on overall work performance during the probation period*** |  |
| ***wHERE EXPECTATIONS OF PEROFRMANCE FALL SHORT, OR ARE RATED AT 1 OR 2, PLEASE COMMENT ON WHAT OBJECTIVES, SUPPORT AND DEVELOPMENT HAS BEEN IDENTIFIED TO ADDRESS THESE.*** |  |

## For Final Review Only

|  |  |
| --- | --- |
| ***PLEASE CONFIRM THE OUTCOME OF THE REVIEW***   1. Confirmation of appointment 2. Extension to probation period (include new probation end date) 3. Non-confirmation of appointment |  |

## Verification of Review

|  |  |  |  |
| --- | --- | --- | --- |
| By signing this form, you confirm that you have discussed this review in detail with your line manager. Signing this form does not necessarily indicate that you agree with this evaluation. | | | |
| **Employee Signature** |  | **Date** |  |
| **Manager Signature** |  | **Date** |  |