PROBATION REVIEW FORM

Your Line managers should ensure you have been given a copy of this document at each stage of your probation and should retain the original to monitor progress against set objectives at follow-up meetings. A final copy should be submitted to HR.

Employee name:		
Job Title:		
Department / Section:		
Start Date:		
Line Manager:		
	Date Due	**Please tick when completed**
Initial Meeting		
3-month review:		
6-month review:		

PART 1: Initial meeting

This section should be completed by your line manager within a week of your start date.

SECTION A: Objectives

Your line manager should identify specific objectives for you (for 3 and 6 months as appropriate) These will be statements of what should be achieved during the probationary period, including indicators of success and timescales for achievement.

GOALS	Tasks	Timeline
Goal 1 – Increase sales by 5%	• Market the products through outbound calls • Host 2 client meeting every month	End of Jan
Goal 2		
Goal 3		

SECTION B: Development Plan

To support you in achieving these objectives, your line manager should identify any training and development needs and specify how and when these needs will be addressed during the probationary period.

Employee's Signature:	
Manager's Signature:	
Date:	

PART 2 – First review (mid-probation)

To be completed by you:

Employee's Overall Comments:

To be completed by your Line Manager in discussion with you.

(please tick)	**Improvement required**	**Satisfactory**	**Good**	**Excellent**
Quality and accuracy of work				
Efficiency				
Time Keeping				
Work relationships (teamwork and interpersonal communication skills)				
Competency in the role				

If any areas of performance, conduct or attendance require improvement please provide details below.

Where concerns have been identified, please summarise how these will be addressed during the remaining period of probation.

Summarise the employee's performance and progress over the period

Have the objectives identified for this period of the probation been met?	**YES / NO**	**If NO, what further action is required?**	**Review Date**
Have the training / development needs identified for this period of the probation been addressed?	**YES / NO**		

Employee's Signature:	
Manager's Signature:	
Date:	

PART 3 – Final Review

To be completed by you:

Employee's Overall Comments:

To be completed by your Line Manager in discussion with you.

(please tick)	**Improvement required**	**Satisfactory**	**Good**	**Excellent**
Quality and accuracy of work				
Efficiency				
Time Keeping				
Work relationships (teamwork and interpersonal communication skills)				
Competency in the role				
Have the objectives identified for the probationary period been met?	**YES / NO**	**If NO, please provide details**		
Have the training / development needs identified for the probationary period been addressed?	**YES / NO**			
Summarise the employee's performance and progress over the period				
Is the employee's appointment to be confirmed?				**YES / NO**
If NO, please provide reasons below and summarise what action has been taken to address any difficulties which have arisen during the probationary period.				
The employee may provide any comments about their experience of the probationary process here.				
Should the employee's probationary period be extended? Only possible for 3months probation				**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 probation is 6 months):	
New Probation Period completion date:	
Employee's signature:	

Manager's signature:	
Date:	

	YES	NO
For HR: The employee has received a letter confirming his satisfactory completion of probation period		