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| <<Company Name>>Probationary Period Review Form |

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| **Employee’s Name:** |       |
| **Job Title:** |       |
| **Department:** |       |
| **Date of Joining:** |       |
| **End of Probationary Period:** |       |
| **Date of Review Meeting:** |       |

Please rate the employee in the following areas, giving examples:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Improvement Required** | **Satisfactory** | **Good** | **Excellent** |
| **1. Quality and Accuracy of Work** |  |  |  |  |
| **2. Job Knowledge** |  |  |  |  |
| **3. Efficiency** |  |  |  |  |
| **4. Attendance** |  |  |  |  |
| **5. Interpersonal and Communication Skills** |  |  |  |  |
| **6. Overall Performance** |  |  |  |  |

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| **If any areas of performance, conduct or attendance require improvement, give details below:** |
|  |
| **Outline plans to improve performance:** |
|  |
| **Confirm employee in post?**  |  | **YES** |  | **NO** |
| **If no, explain specific reasons for decision:** |
| **Should the probationary period be extended to allow time for improvement?**  |  | **YES** |  | **NO** |
| **If yes, for how long should the probationary period be extended? Specify the improvement needed and how this will be achieved and measured. Are there any related training needs? If so, what are they?** |
| **End date of extended probationary period:** |       |
| **Employee’s Signature:** |  |
| **Manager’s signature:** |  |
| **Date:** |       |