



## Probation Review Form

Employee Name:			
Job Title:			
Department:			
	Achieved Required standard? Yes/No	Reasons for below expected level of performance	Proposed action to bring performance to required standard
Job knowledge and ability			
Quality of work			
Output			
Timekeeping			
Attitude to Work			
Health and Safety			
Achievement of Objectives			
Making things better			
Interaction with others			
Customer care			
Attendance			
Any other comments:			
Do you recommend this member of staff is confirmed in post		(Yes) (No)	
If No do you recommend a further period of probation?		(Yes) (No)	
If Yes for how long?		( ) months	
Agreed objectives/targets for the next 12 months (If not discussed above):			
Any identified training needs:			
Review completed by (HOD signature)			
In the presence of (Employee signature)			
Date of joining:		Date of Review:	
Notes to Heads of Departments:			
<ol style="list-style-type: none"> <li>1. Please complete all relevant categories</li> <li>2. This form should be returned to the HR Officer</li> <li>3. Employees completing a satisfactory review will receive a letter from the HR Officer confirming their employment with the College.</li> </ol>			