



PROBATIONARY REVIEW FORM

A

Name			Emp. Code		
Date of Joining			Company		
Activity			Department		
Zone			City		
10 Day Review	Status (Yes/no)		20 Day Review	Status (Yes/no)	
Review Duration	30 Day		90 Day		180 Day
	Score		Score		Score
AL – ACCRUED LEAVE / LOP – LOSS OF PAY / LI – LATE IN / EO – EARLY OUT (30, 90 & 180 Days)					
No of leaves availed	AL		LOP		
Attendance / Punctuality	LI		EO		

To be updated by HR department before submitting to the reporting superior

These ratings will represent your evaluation of the employee's actual job performance during the probationary period.

Instruction to Appraiser:

To help you make an objective evaluation, the following suggestions are offered:

Review the employee's written job description and base your ratings on the requirements of the job as described.

Evaluate the employee's proven and observable on-the-job performance.

Consider one rating factor at a time so that you're rating of one trait will not influence your rating of another.

Upon completion, check your ratings and comments. Discuss your ratings with the employee and encourage him or her to make verbal and written comments. The completed form should then be reviewed and signed by you and the employee and submitted to the HR department.

Responsibilities of Appraiser:

Establish and communicate expectations, standards or objectives for the work to be done.

Periodically review progress with the new employee regarding how well expectations are being met.

Maintain on-going documentation of performance.

Make a determination regarding the employee's suitability for continued employment.

Instructions to complete the Probation Review Process

Part A Employee Details	To be filled up by HR Department before handing over the form to the Appraiser
Part B Review - Performance Factors	To be filled up by Appraiser on 10 th day and 20 th day as part of the review procedure
Part C Section B	To be filled up by an employee when he completes 10 days of his tenure in the organization
Part D Section C	To be filled up by the appraiser when the employee completes his/ her 10 th day & 20 th day of his/ her tenure in the organization
Part E (10-20-30-90-180 day review)	To be completed by reporting superior in discussion with the employee during each review period (10-20-30-90-180 days)
Part F	To be completed by the appraiser after completion of 180 days

For all reviews HR representation is mandatory either in person or through phone

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B

Review - Performance Factors (S – Satisfactory / U – Unsatisfactory)	Ratings (10 days)		Ratings (20 days)	
	S	U	S	U
Job Knowledge: Understands the overall job function and responsibilities as well as specific tasks. Has sufficient knowledge to perform job.				
Relationships: Cooperates with co-workers, supervisor, and others. Supports team effort and contributes to departmental goals.				
Organization: Manages time effectively to plan and complete work. Sets and revises priorities as appropriate (with guidance as necessary from supervisor).				
Initiative: Works independently. Performs appropriate tasks without being told. Seeks increased assignments and responsibilities.				
Communication: Communicates effectively with supervisor and co-workers. Listens well to instructions. Provides timely status updates as appropriate. Asks appropriate questions when uncertain.				
Attendance/Punctuality: Maintains satisfactory attendance. Arrives and departs as scheduled. Adheres to time allotted for lunch and break periods.				
Flexibility: Accepts new methods and changes. Works well under tight time constraints. Adapts willingly to changing priorities. Modifies schedule to meet work demands.				

C

Section B: For the Employee to complete after 10 days

- Did you undergo a formal HR orientation? ☐ Yes ☐ No
- Did you receive a job description/roles & responsibilities? ☐ Yes ☐ No
- Did you receive a training plan along details of trainers and topics to be covered? ☐ Yes ☐ No
- Did you receive standard KPI for the role you have been recruited for? ☐ Yes ☐ No
- Have you been provided with a place to work? ☐ Yes ☐ No
- Have you started feeling comfortable in your new job? ☐ Yes ☐ No
- Are you clear on who is your buddy / mentor? ☐ Yes ☐ No
- Do you feel that they are able to give you sufficient time during this period and able to do sufficient hand holding in this period? ☐ Yes ☐ No
- Do you feel comfortable interacting with them? ☐ Yes ☐ No
- If no, what can be done to help you feel more comfortable?

- Is the job you are doing different from what was described to you, either verbally or on your job description?
If yes, in what way does it differ? ☐ Yes ☐ No

- Has your supervisor spoken with you about your progress to date? ☐ Yes ☐ No
If yes, what was the outcome?

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D

Section C: This section must be completed by the Appraiser only after 10 & 20 day review:-

Does this employee demonstrate the expertise and general skill level you expected based on the job application and interview? ☐ Yes ☐ No

If no, in what way does this employee's performance differ from your expectations?

10 Day Review	
20 Day Review	

Do you consider this employee to be making progress appropriate to their length of employment?

☐ Yes ☐ No **If no, please describe the areas that need improvement?**

10 Day Review	
20 Day Review	

Have you made arrangements for the employee to receive additional training? ☐ Yes ☐ No

If yes, what kind of training? Where it was conducted?

10 Day Review	
20 Day Review	

To be completed by reporting superior in discussion with the employee.

E

RATING SCALE EXCELLENT (5)/ VERY GOOD (4)/ GOOD (3)/ SATISFACTORY (2)/ IMPROVEMENT REQUIRED (1)

Parameters (E – Employee & A – Appraiser)	30 days		90 days		180 days	
	E	A	E	A	E	A
Quality and accuracy of work						
Efficiency						
Attendance / Time Keeping						
Initiative						
Work relationships (team work and interpersonal communication skills)						
Competency in the role						
Grand Total						

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E

30 Days Review, Feedback & Action Plan:

90 Days Review, Feedback & Action Plan:

180 Days Review, Feedback & Action Plan:

Please note: the final score will need to be put in the Appraiser column for calculating the rating

Strengths	Evaluation 30 Day	
	Evaluation 90 Day	
	Evaluation 180 Day	
Needs Improvements	Evaluation 30 Day	
	Evaluation 90 Day	
	Evaluation 180 Day	

Evaluation Period (in Days)	Evaluators	Name	Signature	Date (DD/MM/YYYY)
10 Days	Reporting Superior			
	Employee			
	HR			
20 Days	Reporting Superior			
	Employee			
	HR			

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30 Days	Reporting Superior			
	HOD / RM			
	Employee			
	HR			
90 Days	Reporting Superior			
	HOD / RM			
	Employee			
	HR			

F

To be completed after completion of 180 days

- Is the employee eligible for confirmation? If not provide reasons substantiating the same and provide the duration for extension of probation?

- If eligible for termination, provide reasons substantiating the same?

- Training needs, if identify any (Supervisor/ RM/ HOD)

- Any other Comments/Recommendation

- Employee Feedback

Evaluation Period (in Days)	Evaluators	Name	Signature	Date (DD/MM/YYYY)
180 Days	Reporting Superior			
	HOD / RM			
	HR			
	Employee			