**PROBATION REVIEW FORM**

**PLEASE NOTE:**

The line manager should ensure that the HR and employee is given a copy of this document at each stage of their probation and should retain the original to monitor progress against set objectives at follow-up meetings*.*

**Probation Record**

|  |  |  |
| --- | --- | --- |
| **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 the line manager within **a week** of the employee commencing their employment.

|  |  |
| --- | --- |
| **SECTION A: Objectives**  The line manager should identify specific objectives for the employee (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.  **3 Months**:  **6 Months:** | |
| **SECTION B: Development Plan**  To support the employee in achieving these objectives, the 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 (3 months)**

To be completed by the Line Manager in discussion with the employee.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *(please tick)* | | **Improvement required** | | **Satisfactory** | **Good** | **Excellent** | |
| **Quality and accuracy of work** | |  | |  |  |  | |
| **Efficiency** | |  | |  |  |  | |
| **Attendance** | |  | |  |  |  | |
| **Time Keeping** | |  | |  |  |  | |
| **Work relationships (team work 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 (6 months)**

To be completed by Line Manager in discussion with the employee.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *(please tick)* | **Improvement required** | | **Satisfactory** | **Good** | **Excellent** |
| **Quality and accuracy of work** |  | |  |  |  |
| **Efficiency** |  | |  |  |  |
| **Attendance** |  | |  |  |  |
| **Time Keeping** |  | |  |  |  |
| **Work relationships (team work 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?** | | | | | **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 3 months):** | |  | | | |
| **New Probation Period completion date:** | |  | | | |
| **Employee’s signature:** | |  | | | |
| **Manager’s signature:** | |  | | | |
| **Date:** | |  | | | |

**PLEASE NOTE:** At the final review meeting, the line manager should confirm verbally whether or not the employee has successfully completed their probationary period. Please submit **a copy of the completed probationary review form should be sent to HR to trigger issuing of the confirmation letter / probation extension letter.**