

## ASAASE PROBATION REVIEW FORM

*The line manager should ensure that the 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

<b>Employee name:</b>	<input type="text"/>	
<b>Job Title:</b>	<input type="text"/>	
<b>Department / Section:</b>	<input type="text"/>	
<b>Post Start Date:</b>	<input type="text"/>	
<b>Line Manager/ Supervisor</b>	<input type="text"/>	
	<b>Date Due</b>	<b>Please tick when completed</b>
<b>Initial Meeting</b>	<input type="text"/>	<input type="checkbox"/>
<b>1<sup>st</sup> review:</b>	<input type="text"/>	<input type="checkbox"/>
<b>2<sup>nd</sup> review:</b>	<input type="text"/>	<input type="checkbox"/>
<b>3rd review:</b>	<input type="text"/>	<input type="checkbox"/>

## ASAASE PROBATION REVIEW FORM

### PART 1: Initial meeting (1<sup>st</sup> week)

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 (1, 2, 3 months) if employee's probation is three (3) months and for (2, 4 and 6 months) if employee's probation is six (6) months. These will be statements of what should be achieved during the probationary period, including indicators of success and timescales for achievement.

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#### SECTION B: Development Plan

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

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Employee's Signature:

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HODs Signature:

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Date:

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Head of HR's Signature and date


Comment by Head of HR:

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## ASAASE PROBATION REVIEW FORM

### PART 2 – First review (6 weeks for 3moths probation and 12 weeks for 6 months probation)

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

<i>(please tick)</i>	<b>Improvement required</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
<b>Quality and accuracy of work</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Efficiency</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Attendance</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Time Keeping</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Work relationships (team work and interpersonal communication skills)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Competency in the role</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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**

<b>Have the objectives identified for this period of the probation been met?</b>	<input type="radio"/> Yes  <input type="radio"/> No	<b>If NO, what further action is required?</b>	<b>Review Date</b>
		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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<b>Have the training / development needs identified for this period of the probation been addressed?</b>	<input type="radio"/> Yes <input type="radio"/> No		
<b>Employee's Signature:</b>			
<b>Manager's Signature:</b>			
<b>Date:</b>			
<b>Head of HR signature and date:</b>  <div></div> <div></div>		<b>Comments by Head of HR:</b> <div></div>	

## ASAASE PROBATION REVIEW FORM

### PART 3 – Final Review (12 weeks for 3 months' probation & 24 weeks for 6 months' probation)

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

<i>(please tick)</i>	Improvement required	Satisfactory	Good	Excellent	
Quality and accuracy of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Time Keeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Work relationships (team work and interpersonal communication skills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Competency in the role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Have the objectives identified for the probationary period been met?	<input type="radio"/> Yes <input type="radio"/> No	If NO, what further action is required?			
Have the training / development needs identified for the probationary period been addressed?	<input type="radio"/> Yes <input type="radio"/> No	If NO, what further action is required?			
Is the employee's appointment to be confirmed?				<input type="radio"/> Yes <input type="radio"/> 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?				<input type="radio"/> Yes <input type="radio"/> No	

**ASAASE PROBATION REVIEW FORM**

**If YES, please provide reasons and, where appropriate, specify any areas of improvement required and how these will be monitored.**

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**Length of the extension (max 1 month):**

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**New Probation Period completion date:**

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**Employee's signature:**

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**Manager's signature:**

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**Date:**

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**Head of HR's signature and date**


**Head of HR's Comments**

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