

# Probation Period Clarification Form

## Employee Details

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Start Date: \_\_\_\_\_

## Probation Period Details

- Length of Probation Period: \_\_\_\_\_ months

- Key Objectives during Probation:

- Objective 1: \_\_\_\_\_

- Objective 2: \_\_\_\_\_

- Objective 3: \_\_\_\_\_

- Evaluation Criteria:

- Criterion 1: \_\_\_\_\_

- Criterion 2: \_\_\_\_\_

- Criterion 3: \_\_\_\_\_

## Probation Review Schedule

- First Review Date: \_\_\_\_\_

- Mid-Probation Review Date: \_\_\_\_\_

- Final Review Date: \_\_\_\_\_

## Employee Acknowledgement

- I acknowledge that I have read and understood the conditions of my probation period.

## **Probation Period Clarification Form**

- Date: \_\_\_\_\_

- Signature of Employee: \_\_\_\_\_

### **Supervisor Confirmation**

- I confirm that the above details have been communicated to the employee.

- Date: \_\_\_\_\_

- Signature of Supervisor: \_\_\_\_\_