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.  
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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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