**Probation Assessment**

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| **Name:** |  | | **Employee No:** |  |
| **Start Date:** |  | | **End of Probation Period:** |  |
| **Project/ Department:** |  | | **Position:** |  |
| **Performance Assessment:**  **Recommendation:** Continued employment: YES / NO | | | | |
| **Attendance/Punctuality:** | | | | |
| **Others:**   1. **CME Trainings (hours completed)** 2. **DOH License Status** | | | | |
| **Line Manager:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Acknowledged (Employee’s Signature) | |  | | |
| Date: | |  | | |
| HR for action:  File on P/F | | | | |