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| **EMPLOYMENT CONTRACT REVIEW FORM** | | | | | | | |
| **Employee Name:** |  | | **Employee No:** | | |  | |
| **Contract Expiry Date:** |  | | **Review to be Completed by:** | | |  | |
| Does the employee demonstrate the Company Values and meet their position requirements: | | | | | | **YES** | **NO** |
| **For Healthcare Employees Only:**  The employee has completed the Health Declaration Form iaw OHS Policy and Procedures and is suitable for continued employment as a Healthcare worker: | | | | | | **YES** | **NO** |
| **Comments** (including overall performance and attendance)**:** | | | | | | | |
| The employee meets the requirement/s above and they are recommended for an extension/renewal of contract? | | | | | | **YES** | **NO** |
| If **NO** please provide further comment: | | | | | | | |
| |  |  | | --- | --- | |  | **Remarks:** | | o   UAE Driver's License |  | | o   HAAD License Status |  | | o    Disciplinary Action |  |   ……………………………………………………………..  Name:  Supervisor/Manager  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  | |
| **HR for action:** | | | | | | | |
| **Notified Employee:** | | ***(Initials/date)*** | |  | |  | |
| **Contract completed:** | | ***(Initials/date)*** | |  | |  | |
| **For filing: Employee’s Personal File** | | | | | | | |