

**MEMO**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. {no\_srt} | | | | | Tanggal : {tgl\_srt} |
| Kepada | : | **Bpk/Ibu {nm\_atasan}**  **(****«jabatan\_atsn»** **«divisi»** **«area»)** | Dari | : | Divisi HRD |
| Copy | : | Payroll | Hal | : | Pemberitahuan Akhir **Masa PERPANJANGAN Percobaan PROMOSI** |

Dengan ini diberitahukan bahwa yang namanya tercantum dibawah ini akan segera berakhir masa perpanjangan percobaannya sebagai : {jbt\_sematara} {no\_srt}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAMA** | **TANGGAL MASUK** | **NIP** | **MASA PERCOBAAN** | |
| **MULAI** | **BERAKHIR** |
| **{nama\_karyawan}** | **{tgl\_masuk}** | **{nip}** | **{mulai\_coba}** | **{akhir\_coba}** |

Untuk itu harap dapat segera dilakukan evaluasi / penilaian atas hasil kerja karyawan tersebut dengan mengisi Formulir Penilaian (terpisah) dan Formulir Rekomendasi dibawah ini serta melampirkan **DATA SALES** 6 bulan terakhir (*khusus untuk karyawan department Marketing*), dan sudah harus diterima kembali di Departemen HRD paling lambat tgl **{diterima\_perso}**

Rekomendasi harus ditandatangani pula oleh yang bersangkutan karyawan sebagai bukti telah mengetahui kelanjutan statusnya.

PT. NOVELL PHARMACEUTICAL LABS.

HRD Department

{dibuat\_oleh}

============================================= *gunting disini* ========================================

# REKOMENDASI STATUS KARYAWAN PROMOSI

# DALAM PERPANJANGAN MASA PERCOBAAN

*( satu orang satu lembar – jika perlu dapat difotocopy )*

Dengan ini kami rekomendasikan perubahan status karyawan dibawah ini sesuai Formulir Penilaian terlampir sebagai berikut :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAMA** | **TANGGAL MASUK** | **NIP** | **MASA PERCOBAAN** | |
| **MULAI** | **BERAKHIR** |
| **{nama\_karyawan}** | **{tgl\_masuk}** | **{nip}** | **{mulai\_coba}** | **{akhir\_coba}** |

**JABATAN SELAMA MASA PERCOBAAN : {jbt\_sematara}**

*(beri tanda X)*

* **LULUS masa PERPANJANGAN percobaan**

**per tanggal {tgl\_lulus}**

**JABATAN BERUBAH MENJADI : {jbt\_to}**

* **PERCOBAAN DIPERPANJANG …….. ( …………... ) BULAN**

*(hanya dapat diperpanjang 1 (satu) kali)*

* **TIDAK LULUS MASA PERPANJANGAN PERCOBAAN, KEMBALI KE JABATAN SEMULA**

Demikian agar disesuaikan dan dicatat pada data kepegawaiannya.

|  |  |  |  |
| --- | --- | --- | --- |
| Direkomendasikan oleh : | Mengetahui : | | Menyetujui: |
| Atasan langsung : | Atasan berikut : | Pimpinan Divisi : | Karyawan : |
| …………………………… | …………………………… | …………………………… | {nama\_karyawan} |

FORMULIR PENILAIAN

( Untuk Karyawan Percobaan & Evaluasi )

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **I.** | Nama | | : | {nama\_karyawan} | |  | Jabatan | | | | | | | : | {jbt\_to} | | | | | |
|  | NIP | | : | {nip} | |  | Bag/Divisi/Dept. | | | | | | | : | {dept} | | | | | |
|  | Mulai kerja | | : | {tgl\_masuk} | |  | Tgl. Penilaian | | | | | | | : |  | | | | | |
|  |  | | |  | |  |  | | | | | | | |  | | | | |  |
| **II.** | FAKTOR – FAKTOR YANG DINILAI | | | | | | | | | | | | | | | | | | | |
|  | **A. PRESTASI** | | | | | | **TB** | | **KB** | | **B** | | | | | **LB** | **SB** | |  |  |
|  | 1. Disiplin kerja | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 2. Minat terhadap pekerjaan | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 3. Cara kerja | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 4. Tempo kerja | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 5. Tanggap terhadap tugas pekerjaan | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 6. Penguasaan pekerjaan | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 7. Ketelitian | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | Kesimpulan hasil prestasi kerja | | | | | |  | |  | |  | | | | |  |  | |  |  |
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|  | **B. POTENSI** | | | | | | **TB** | | **KB** | | **B** | | | | | **LB** | **SB** | |  |  |
|  | 1. Inisiatif | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 2. Pertanggungjawaban administrasi | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | Kesimpulan potensi kerja | | | | | |  | |  | |  | | | | |  |  | |  |  |
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|  | **KESIMPULAN HASIL KERJA** | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  |  | | | | | |  | |  | |  | | | | |  |  | |  |  |
| **III.** | KEPRIBADIAN | | | | | | **TB** | | **KB** | | **B** | | | | | **LB** | **SB** | |  |  |
|  | 1. Pengabdian | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 2. Kejujuran | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 3. Rasa tanggung jawab | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 4. Keinginan untuk maju | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 5. Penguasaan emosi | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 6. Penampilan diri | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 7. Sikap terhadap atasan | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 8. Sikap terhadap rekan kerja | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | 9. Komunikasi | | | | | |  | |  | |  | | | | |  |  | |  |  |
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|  | KESIMPULAN HASIL KEPRIBADIAN | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  |  | | | | | |  | |  | |  | | | | |  |  | |  |  |
| **IV.** | **DATA KHUSUS** | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  | Absensi selama masa percobaan | | | | | |  | |  | |  | | | | |  |  | |  |  |
|  |  | | | | SI : …… hari | | | SA : …... hari | | | | | I : …… hari | | | | | A : …… hari | | |
|  | Lain – lain | | | |  | | | | | | | | | | | | |  | | |
|  |  | | | | | |  | | | | | | | | | | | | | |
|  | **Catatan Penilai (atasan langsung) :** | | | | | | tanda tangan | | | | | | | | | | | | | |
|  |  | | | | | | ( …………………………………………) | | | | | | | | | | | | | |
|  | **Catatan Penilai (atasan berikut) :** | | | | | | tanda tangan | | | | | | | | | | | | | |
|  |  | | | | | | (……………...…………………………) | | | | | | | | | | | | | |
| *\* Kirimkan ke Payroll apabila ada Usulan Perubahan Kondisi* | | | | | | | | | | | | | | | | | | | | |
| *Keterangan :* | |  | | |  | | | | |  |  | | | | | | | | | |
| TB (Tidak Baik) | | : 5 – 5,9 | | |  | | | | | SI | : Sakit dengan Surat Keterangan Dokter. | | | | | | | | | |
| KB (Kurang Baik) | | : 6 – 6,9 | | |  | | | | | SA | : Sakit tanpa Surat Keterangan Dokter. | | | | | | | | | |
| B (Baik) | | : 7 – 7,9 | | |  | | | | | I | : Ijin | | | | | | | | | |
| LB (Lebih Baik) | | : 8 – 8,9 | | |  | | | | | A | : Alpha Mangkir | | | | | | | | | |
| SB (Sangat Baik) | | : 9 – 10 | | |  | | | | |  | |  | | | | | | | | |
| Kesimpulan | | : Total Nilai, Jumlah Komponen | | |  | | | | |  | |  | | | | | | | | |