



: Name
: Position
: Department
: Appointment Date

**Interim Probationary Review Report (3 months)
Held**

| Main Duties as per Position Description | Performance Assessment (Not yet Competent; Competent; Fully Competent) | Action Required |
|---|--|-----------------|
| 1. | | ♦ |
| 2. | | ♦ |
| 3. | | ♦ |
| 4. | | |

| Main Duties as per Position Description | Performance Assessment (Not yet Competent; Competent; Fully Competent) | Action Required |
|---|---|-----------------|
| 5. | | |
| 6. | | ♦ |
| 7. | | ♦ |
| 8. | | ♦ |
| 9. | | |

| Main Duties as per Position Description | Performance Assessment (Not yet Competent; Competent; Fully Competent) | Action Required |
|---|---|-----------------|
| 10. | | ♦ |
| 11. | | |
| 12. | | |
| 13. | | |
| Comments: | | |

| | | |
|--|--|---|
| Recommendations | | |
| Comments by staff member: | | |
| Signed: _____ Staff Member Date: _____ | Signed: _____ Supervisor Date: _____ | Signed: _____ Manager Date: _____ |