



: 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: _____