

Probationary Period Review Form

Employee's Name:	
Job Title:	
Department:	
Date of Joining:	
End of Probationary Period:	
Date of Review Meeting:	

Please rate the employee in the following areas

	Improvement Required	Good	Excellent
1. Quality and Accuracy of Work			
2. Job Knowledge			
3. Efficiency			
4. Attendance			
5. Interpersonal and Communication Skills			
6. Overall Performance			

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If any areas of performance, conduct or attendance are in need of improvement, give details below:

Empty text box for performance details.

Outline plans to improve performance:

Empty text box for improvement plans.

Confirm employee in post? YES

If no, explain specific reasons for decision. Empty text box.

Should the probationary period be extended to allow time for improvement? NO

If yes, for how long should the probationary period be extended and how this will be achieved and measured. Specify the improvement needed and training needs? If so, what are they? Empty text box.

End date of extended probationary period: _____

Employee's Signature: _____

Manager's signature: _____

Date: _____