**First review (6 months)**

To be completed by Immediate Manager in discussion with the employee.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  *(please tick)*  | **Improvement required** | **Satisfactory** | **Good** | **Excellent** |
| **Quality and accuracy of work** |  |  |  |  |
| **Efficiency** |  |  |  |  |
| **Attendance** |  |  |  |  |
| **Time Keeping** |  |  |  |  |
| **Work relationships (team work and interpersonal communication skills)** |  |  |  |  |
| **Competency in the role** |  |  |  |  |
| **Have the objectives identified for the probationary period been met?** | **YES / NO** | **If NO, please provide details** |
|  |
| **Summarise the employee’s performance and progress over the period** |
| **Is the employee’s appointment to be confirmed?** | **YES / NO** |
| **If NO, please provide reasons below and summarise what action has been taken to address any difficulties which have arisen during the probationary period.** |
| **The employee may provide any comments about their experience of the probationary process here.** |
| **Should the employee’s probationary period be extended?** | **YES / NO** |
| **If YES, please provide reasons and, where appropriate, specify any areas of improvement required and how these will be monitored.** |
| **Length of the extension (max 3 months):** |  |
| **New Probation Period completion date:** |  |
| **Employee’s signature:** |  |
| **Manager’s signature:** |  |
| **Date:** |  |

**PLEASE NOTE:** At the final review meeting, the line manager should confirm verbally whether or not the employee has successfully completed their probationary period. HR Services will **ONLY** issue a letter to confirm the outcome of a probationary period where this follows an extension of the probationary period or where significant difficulties have arisen during the probationary period. **In such cases, a copy of the completed probationary review form should be sent to HR Services**) **to trigger issuing of the confirmation letter.**