

**PROBATION ASSESSMENT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |   | Employee ID |   |
| Position |   | Join Date |   |
| Department |   | Probation end date |   |

Please return this form to the HR Department by (date)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Improvement required | Average | Good | Excellent |
| **Quality and accuracy of work** |   |   |   |   |
| **Teamwork and work relationship** |   |   |   |   |
| **Respect for others** |   |   |   |   |
| **Innovation** |   |   |   |   |
| **Personal integrity** |   |   |   |   |

Has the employee met the expectations for 90 days in role?

State the strengths of employee

Any additional observation?

Summary of employee’s overall performance

Is the employee’s appointment to be confirmed?

Yes No if no, give details of the reasons below

If no, give details of the reasons below

|  |  |
| --- | --- |
| Line Manager’s Verification Date:Signature & Name: | HR Department Verification Date:Signature & Name: |