**PROBATIONARY MONITORING FORM**

**To be completed by the Head of School/Section and (where applicable) line manager and retained until probation has been successfully completed. Thereafter to be returned by the Head of School/Section to the Human Resources Office.**

**NAME OF INDIVIDUAL ON PROBATION: ........................................................... GRADE: ..........................................................................**

**DATE PROBATION COMMENCED: ...................................................................... SCHOOL/SECTION: ....................................................**

**PLEASE TICK BOX ASSESSMENT PERIODS**

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| --- | --- | --- | --- |
| **PERFORMANCE OF DUTIES** | **1 month** | **3 months** | **5 months** |
| Has the individual satisfactorily performed duties as detailed by the School/Section? | Yes No | Yes No | Yes No |
| If no, action taken: |  |  |  |
| Review date and comments: |  |  |  |
| Additional comments: |  |  |  |
| **Signature: Probationer**  **Line Manager**    **Head of School/Section** | **......................................**  **Date: ...........**  **.....................................**  **Date: ............**  **.....................................**  **Date: ............** | **......................................**  **Date: ...........**  **.....................................**  **Date: ............**  **.....................................**  **Date: ............** | **......................................**  **Date: ...........**  **.....................................**  **Date: ............**  **.....................................**  **Date: ............** |

**PROBATIONARY MONITORING FORM**

**PLEASE TICK BOX ASSESSMENT PERIODS**

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| **ATTENDANCE** | **1 month** | **3 months** | **5 months** |
| Has the individual been late for work on 2 or more occasions within each assessment period ? | Yes No | Yes No | Yes No |
| If yes, state dates and times: |  |  |  |
| Action taken: and Review Date: |  |  |  |
| Additional Comments: |  |  |  |
| **Signature: Probationer**  **Line Manager**    **Head of School/Section** | **......................................**  **Date: ...........**  **.....................................**  **Date: ............**  **.....................................**  **Date: ............** | **......................................**  **Date: ...........**  **.....................................**  **Date: ............**  **.....................................**  **Date: ............** | **......................................**  **Date: ...........**  **.....................................**  **Date: ............**  **.....................................**  **Date: ............** |

**PROBATIONARY MONITORING FORM**

**PLEASE TICK BOX ASSESSMENT PERIODS**

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| --- | --- | --- | --- |
| **ABSENCE** | **1 month** | **3 months** | **5 months** |
| Has the individual been absent from work due to ill health 2 or more times within each assessment period? | Yes No | Yes No | Yes No |
| If yes, state reason given for absence: |  |  |  |
| Action taken: and Review Date: |  |  |  |
| Additional Comments: |  |  |  |
| **Signature: Probationer**  **Line Manager**    **Head of School/Section** | **......................................**  **Date: ...........**  **.....................................**  **Date: ............**  **.....................................**  **Date: ............** | **......................................**  **Date: ...........**  **.....................................**  **Date: ............**  **.....................................**  **Date: ............** | **......................................**  **Date: ...........**  **.....................................**  **Date: ............**  **.....................................**  **Date: ............** |

**PROBATIONARY MONITORING FORM**

**PLEASE TICK BOX ASSESSMENT PERIODS**

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| --- | --- | --- | --- |
| **CONDUCT** | **1 month** | **3 months** | **5 months** |
| Has the individual been reprimanded for unsatisfactory conduct during any of the review periods? | Yes No | Yes No | Yes No |
| If yes, state nature of offence: |  |  |  |
| Action taken: and Review Date: |  |  |  |
| Additional Comments: |  |  |  |
| **Signature: Probationer**  **Line Manager**    **Head of School/Section** | **......................................**  **Date: ...........**  **.....................................**  **Date: ............**  **.....................................**  **Date: ............** | **......................................**  **Date: ...........**  **.....................................**  **Date: ............**  **.....................................**  **Date: ............** | **......................................**  **Date: ...........**  **.....................................**  **Date: ............**  **.....................................**  **Date: ............** |

**PROBATIONARY MONITORING FORM**

**PLEASE TICK BOX:**

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| **RECOMMENDATIONS:**  **Probation to be confirmed: Yes No** |  |
| **PROBATION TO BE EXTENDED: Yes No**  **PERIOD OF EXTENSION: Months**  **SUCCESSFUL COMPLETION DATE:** | **ADDITIONAL COMMENTS:** |
| **Progress has been exceptional and probationer to be confirmed in post: Yes:** | **ADDITIONAL COMMENTS:** |
| **INDIVIDUAL TO BE DISMISSED: Yes No** | |
| **Signature: Line Manager .....................................................................Date: ......................................**  **Head of School/Section.......................................................Date: .......................................** | |

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| **Note**: The Line Manager is responsible to their Head of School/Section for monitoring an individual's progress, and providing a formal report on the four areas listed above at the stated intervals. The regular reports and final recommendation should be submitted through the Head of School/Section to Human Resources. The final report should be submitted at least 2 weeks before the expiry of the probationary period. |