**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. |