**MEDICAL SCIENCES DIVISIONAL OFFICE**

**END OF PROBATION REVIEW FORM**

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| **Employee Name:**  | **Job Title:** |
| **Manager Name:** | **Job Title:** |
| **Today’s Date:** | **Start of Employment Date:**  |
| **Review outcome:** (please tick relevant box) |
| 1 [ ]  Satisfactory progress has been made and the appointment should be confirmed at the end of the probationary periodOn receipt of this form **AND/OR** after the probationary period has expired, the HR Team will write to the employee to confirm their appointment. If HR do not receive this form on, or before, the end of probation date, the employee will receive notification that they have passed their probationary period. |
| 2 [ ]  Mostly satisfactory progress is being made but there are some areas of concern that remain. Please select a further option from below. [ ]  Appointment should be confirmed [ ]  Appointment should not be confirmed3 [ ]  Unsatisfactory progress has been made*Contact a member of the HR team as soon as possible before the probation meeting to discuss how to deal with any problems or concerns that have arisen.*  |
| **Comments:** |

**Declaration**

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| **The above form has been agreed and further development needs discussed.**  |
| **Employee’s signature:**  | **Date:** |
| **Manager’s signature:** | **Date:** |

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| **Please return this form to the HR Officer that was supporting with the recruitment for this post via email.**  |