EDPPORT

APPENDIX 1


## Probation - Initial Meeting Form

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| --- |
| **Name:** |
| **Job Title:** |
| **School/Department: :** |
| **Start Date:** |
| **Probationary Period:** |
| **Date of Initial meeting:** |
| **Objectives for the probationary period:**(with dates for completion) |

|  |
| --- |
| **Training / Development Needs**(Include dates) |
| **Agreed review meeting schedule:** |
| **Any other matters discussed or raised during the meeting**(with any recommendations for action) |

Signed by:

Probationary Advisor:……………………………………………… Dated:……………………………

Staff member::…………………………………………….…… Dated:……………………………….

APPENDIX 2


## Probation - Record of Review meeting

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| --- |
| **Name:** |
| **School/Department: :** |
| **Meeting Date:** |
| **Achievements/ Strengths****(**note objectives achieved, areas of work that have gone well) |
| **Areas for Improvement**(note aspects of the work that are still not at the required standard, or where there is insufficient progress towards achieving objectives) |
| **Revised /New Objectives:**(note any objectives need which need to be revised from the initial meeting, or any new objectives written to address any performance shortfalls) |

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| --- |
| **Specific Actions Required:**(by either the Probationary Advisor or the member of staff. Include any training/development.) |
| **Overall Comments / Summary** |
| **Date of Next Review Meeting** |

Signed by:

Probationary Advisor:………………………………………………….Dated:………………………………..

Staff member::………………………………………… Dated:………………………………..

APPENDIX 3

**STRICTLY CONFIDENTIAL**

## Probation Recommendation Form - for extensions of probation or termination of appointment

**(for use with reference to the Probationary Procedure for Support Staff)**

**Name …………………………………………… School/Dept ………………………………………. Job Title …………………………………………………………………………………………………. Date of Appointment: ……………………… Probation period: ………………………………….**

**SECTION A (To be completed by the Probationary Advisor)**

Please tick one:

* I recommend an extension of probation for a period of …… months
* I recommend termination of contract

I make this recommendation for the following reasons;

Please note that the process detailed in the Probationary Procedure should have been followed before coming to this conclusion - see paragraphs:

* Problems during the Probationary Period
* Termination of the Employment Contract during or at the end of the Probationary Period Appropriate evidence and documentation must be available to support your recommendation

DATE: ………………………………… SIGNED: ……………………………………………..

### SECTION B (Comments by Executive Dean/Head of Department)

Please tick one:

* I recommend an extension of probation for a period of …… months
* I recommend termination of contract

I make this recommendation for the following reasons.

DATE: ………………………………… SIGNED: ……………………………………………..

### SECTION C (To be completed by the member of staff)

I have seen this report form, which has been discussed with me.

I am satisfied with the guidance given to me: YES/NO If no, my reasons are as follows:

DATE: ………………… SIGNATURE OF MEMBER OF STAFF:………………………………….

### SECTION D (For Human Resources Use)

Date received by Human Resources ……………………………………………………………

Note of Action Taken:

DATE: ………………………………… SIGNED: ……………………………………