

PROBATIONARY PERIOD MONITORING FORM

Meetings should be held within **first month**, at **two months** and **three months** as a minimum, however if problems are identified at any of these points, additional meetings should also be conducted. **Employees should be advised that their contract can be terminated during their probationary period if they are not meeting the required performance standard.**

DETAILS:			
Full Name:		Start date:	
Line Manager:			
Department:			

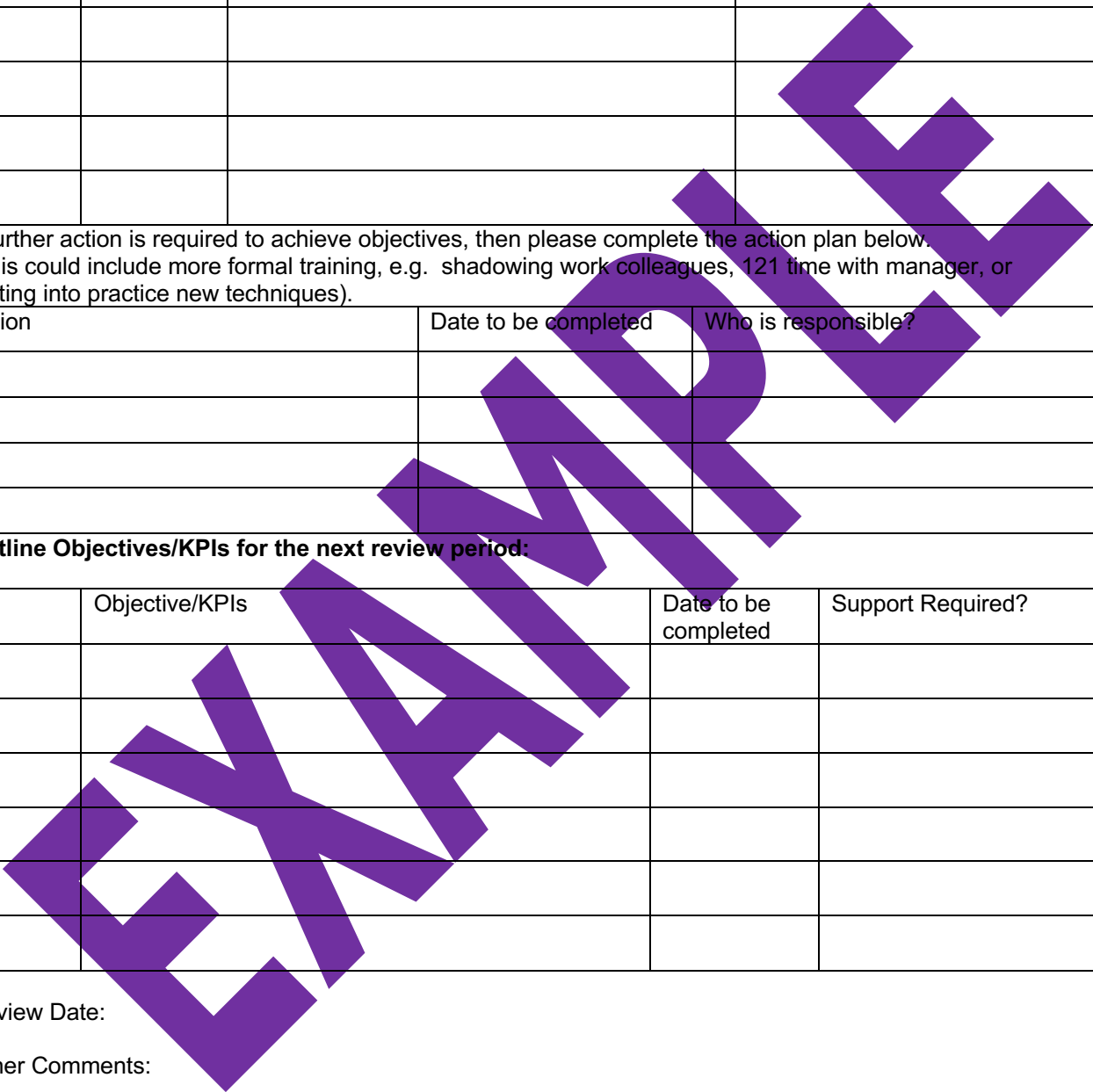
Date of 1st Meeting (Held within first week):			
Outline Objectives/KPIs for the review period:			
	Objective/KPI	Date to be Completed/ Reviewed	Support/Action Required?
1			
2			
3			
4			
5			
6			
Review Date:			
Other Comments:			

EXAMPLE

Date of 1st Review Meeting:			
Were the above objectives achieved?			
Objective	Completed Y/N	Details	Further support/action required? Y/N
1			
2			
3			
4			
5			
6			
If further action is required to achieve objectives, then please complete the action plan below. (This could include more formal training, e.g. shadowing work colleagues, 121 time with manager, or putting into practice new techniques).			
Action	Date to be completed	Who is responsible?	
Outline Objectives/KPIs for the next review period:			
	Objective/KPIs	Date to be completed	Support Required?
1			
2			
3			
4			
5			
6			
Review Date:			
Other Comments:			

EXAMPLE

Date of 2nd Review Meeting:			
Were the above objectives achieved?			
Objective	Completed Y/N	Details	Further support/action required? Y/N
1			
2			
3			
4			
5			
6			
If further action is required to achieve objectives, then please complete the action plan below. (This could include more formal training, e.g. shadowing work colleagues, 121 time with manager, or putting into practice new techniques).			
Action	Date to be completed	Who is responsible?	
Outline Objectives/KPIs for the next review period:			
	Objective/KPIs	Date to be completed	Support Required?
1			
2			
3			
4			
5			
6			
Review Date:			
Other Comments:			



Date of 3rd Review Meeting (3 Months):

Were the above objectives achieved?

Objective	Completed Y/N	Details	Further support/action required? Y/N
1			
2			
3			
4			
5			
6			

Is performance satisfactory? Y/N

Comments:

Will probationary period be confirmed? Y/N

Will probationary period be extended? Y/N
 (If Y, please complete the table above outlining new objectives for the period of the extension and then review using a new copy of this form. **Please note that extensions should only be granted in exceptional circumstances.**)

Employee Signature: Date:

Manager's Signature: Date:

Managing Director Signature: Date:
(For extensions only)